

HOLLAND COUNTY COUNCIL
Lincolnshire

Annual Report

of the

County Health Services

Part 2

REPORT

of the

Medical Officer of Health

for the

Year 1956

HOLLAND COUNTY COUNCIL
LINCOLNSHIRE

ANNUAL REPORT

of the

County Health Services

PART 2

REPORT

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Medical Officer of Health

by

J. Fielding, M.D., D.P.H.

1956

CONTENTS

	Pages
Administration	14
Ambulance Service	48, 49
Ante-natal and Post-natal services	23, 24
Births and birth rates	10, 12
Births and Infant Mortality	11, 12
Births—Illegitimate	10, 27
Births—Premature	25, 26
Care and After-Care	50—52
Care of Mothers and Young Children	20—28
Co-ordination of Services	14, 15
Deaths and Death-Rates	11, 12
Dental Service	24
Diphtheria	39—41
Food and Drugs Act, 1938	61—63
Food Poisoning	18
Guillebaud Report	73—76
Health Visiting	33, 34
Health of Children and Prevention of Break-up of Families	28
Home Help Service	53—56
Home Nursing	34, 35
Housing	66
Infant Welfare Centres	21
Infectious diseases—Notification of	17—19
Mental Health Service	57—60
Midwifery and Maternity Services	28—32
Nurseries and Child Minders Regulation Act, 1948	27
Ophthalmia Neonatorum	18
Sanitary Circumstances	65
Sewerage	70
Staff	4—7
Statistics—Deaths	13
Tuberculosis	70—72
Vaccination and Immunisation	37—48
Venereal Diseases	52
Vital Statistics	12
Voluntary Organisations	16, 17
Water Supplies	66—69
Welfare Services	77—80
Welfare Foods	22—23

HEALTH COMMITTEE

(as at 31.12.1956)

Chairman :

* Alderman F. O. N. Dracass.

Ex-Officio Members :

Alderman Lt.-Col. Sir Oswald Giles, D.L., Chairman of the County Council.

Councillor Capt. A. H. Clark, Vice-Chairman of the County Council.

Councillor Lt.-Col. G. A. Grounds, D.S.O., T.D., D.L.,
Chairman of the Finance Committee.**County Aldermen :**

Chatterton, G. W.

* Wrisdale, E.

County Councillors :

Arnold, E. A.

Clark, Mrs. F.

Rayner, Mrs. F.

Barwell, R. G.

Case, E. J.

Tansley, A. L.

Beeton, S. L.

Harvey,

Valentine, C.

Browne-Wilkinson,
Rev. C. V.Mrs. K. M. T.
Maidens, F.

Wright, C.

* Brockett, S. H.

Piggins, H.

Wright, S. L.

Added Members :

Mrs. D. M. Myers

Mrs. G. Elsom

Dr. A. C. Dawes

Appointed by Lincs. (Holland)
Local Medical Committee.

W. L. Alexander

Appointed by the Lincs.
(Holland) Pharmaceutical
Committee.

Dr. N. V. M. Dodds ...

Dr. J. E. Darlow ...

} Appointed by the Lincs.
(Holland) Executive Council.

Mrs. S. A. Hastings

Appointed by the Hospital
Management Committee (Bos-
ton Group).

Miss N. Leggott

Appointed by the Holland
Branch of the Royal College of
Midwives.

* **Note**—It is recorded with regret that Aldermen Dracass and Wrisdale have since died. Councillor S. H. Brockett resigned and his place was taken by Councillor J. H. Dell.

STAFF OF HEALTH DEPARTMENT

(as at 31.12.1956)

County Medical Officer of Health :

Fielding, J. - M.D., D.P.H.

Deputy County Medical Officer :

White, B. M. - M.B., Ch.B., D.P.H.

Assistant County Medical Officers :

Miller, R., M.B., B.Ch., D.P.H. (also district medical officer).—resigned 31.1.1957.

Smeaton, W. G., M.B., Ch.B., D.P.H. (also district medical officer).

Other Medical Staff (Part-time) :

Coffey, P. - M.D., D.P.H.

Coffey, M. C. - M.B., B.Ch.

Eckford, A. - M.D.

Wright, M. A. E. - M.B. B.Ch. (resigned).

Dental Officers (for County and School work) :

Chief Dental Officer—H. A. Bolton, L.D.S.

Assistant Dental Officer—P. J. Lynch, L.D.S.

Vacancy.

Chief Nursing Officer and Supervisor of Midwives (non-medical) :

Bally, Miss E. K. - S.R.N., S.C.M., M.T.D., H.V. Cert.

(Member of the Central Midwives Board).

Assistant County Nursing Superintendents :

Guest, Miss D., S.R.N., S.C.M., H.V.Cert.

Sowter, Miss D. E. K., S.R.N., S.C.M., M.T.D.

Note : Consultant Staff.—The services of the Consultants have been made available to the Authority by arrangement with the Sheffield Regional Hospital Board.

Health Visitors :

- Archer, Miss D. - S.R.N., S.C.M., H.V. Cert.
 Birkin, Miss M. L. - S.R.N., S.C.M., H.V. Cert. (retired 31.12.1956).
 Braybrooks, Miss D. M. - S.R.N., S.C.M., H.V. Cert.
 Broughton, Mrs. A. Q. - S.R.N., S.C.M., H.V. Cert.
 Farr, Miss L. M. - S.R.N., S.C.M., H.V. Cert.
 Guerra, Mrs. E. - S.R.N., S.C.M., H.V. Cert.
 Goodworth, Miss H. M. - S.R.N., H.V. Cert.
 Green, Mrs. R. M. - S.R.N., S.C.M., H.V. Cert. (commenced 16.1.1956).
 Sanderson, Miss J. - S.R.N., S.C.M., H.V. Cert.
 Prichard, Miss J. E. - S.R.N., H.V. Cert. (commenced 1.11.1956).
 Tolliday, Miss P. - S.R.N., S.C.M., H.V. Cert.
 Williams, Miss M. L. - S.R.N., S.C.M., H.V. Cert.
 Le Manquais, Miss M. M. - S.R.N., S.C.M., H.V. Cert. (temporary).
 (One vacancy).

Clinic Nurse :

- James, Mrs. M. - S.R.N. (Part-time duty).

Tuberculosis Health Visitor :

- Cowlishaw, Mrs. E., - S.R.N., H.V. Cert.

District Midwives :**District**

- | | |
|--|--|
| Davies, Miss M. - S.R.N.,
S.C.M. | Boston, Wyberton and Fishtoft |
| Joslin, Miss I. - S.R.N.,
S.C.M. | Boston, Wyberton and Fishtoft |
| Johnson, Miss P. R.
S.C.M. | Boston, Wyberton and Fishtoft |
| Connolly, Miss M. W. -
S.R.N., S.C.M. | Spalding, Cowbit, Moulton and
Moulton Chapel. |
| Parish, Miss L. I. - S.R.N.,
S.C.M. | |

District Nurse/Midwives :

- Palmer, Miss R. M. - Benington, Butterwick, Freiston and Leverton.
 S.R.N., S.C.M.
 Turner, Mrs. L. - S.R.N.,
 S.C.M. Crowland.

Sehnke, Mrs. O. J. - S.R.N., S.C.M.	Deeping St. Nicholas.
Sills, Mrs. M. A. - S.R.N., S.C.M.	Donington, Bicker and Quadring.
Scott, Mrs. C. - S.R.N., S.C.M.	Gedney Dyke, Drove End, Dawsmere and Lutton.
Gill, Mrs. P. O. - S.R.N. S.C.M.	Gosberton and Surfleet.
Doolan, Miss M. - S.R.N., S.C.M.	Holbeach.
Whitehurst, Mrs. E. M. - S.R.N., S.C.M. (re-appointed 1/2/55).	Holbeach Bank and Saracen's Head.
Brotherton, Miss B. M., S.R.N., S.C.M.	Kirton and Frampton.
Belcher, Mrs. E. - S.R.N., S.C.M.	Leake and Wrangle.
King, Mrs. E. A. - S.R.N., S.C.M.	Long Sutton.
* Carrott, Miss E. M. - S.R.N., S.C.M. (resigned 31.8.1956).	Pinchbeck.
* Dodd, Miss B. - S.R.N., S.C.M. (resigned 11.3.1956).	Sutton Bridge.
Killick, Mrs. F. J. V. - S.R.N., S.C.M.	Swineshead, Amber Hill and Holland Fen.
Backhouse, Miss J. - S.C.M., S.E.A.N.	Sutton St. James, Tydd, Ged- ney Hill, Whaplode Drove and Sutton St. Edmunds.
Diggle, Mrs. M. M. - S.R.N., S.C.M.	Sutterton, Algarkirk, Fosdyke and Wigtoft.

* Duties in these districts have been undertaken by a relief midwife, or by nurses from neighbouring districts.

District Nurses (Home Nursing)**District :**

Holland, Mrs. A. - S.R.N.

Dickson, Mrs. M. - S.R.N.,
S.C.M.Taylor, Miss B. A. -
S.E.A.N.

Boston, Fishtoft and Wyberton

Fox, Miss V. - S.R.N.

Spalding.

Swallow, Miss C. M. -
S.R.N., S.C.M.

Spalding.

Parker, Mrs. D. M. -
S.R.N.Moulton Chapel, Moulton,
Whaplode St. Catherine's, and
Weston Hills.Pierlejewska, Mrs. F. M. -
S.E.A.N.Moulton Chapel, Moulton,
Whaplode St. Catherine's, and
Weston Hills.**Boston—Allan House School.**

Welch, Miss M. R. H. (Cert. Nursery Nurse). Supervisor.

Fraser, Miss S. M.

Assistant Supervisor.

County Sanitary Officer and Food and Drugs Acts Inspector :

Fidling, R. - M.S.I.A.

Public Analyst :

Woodhead, J. E. - B.Sc., F.I.C., Ph.C.

Mental Health Worker :

Robinson, Mrs. M. F.

Duly Authorised Officers (Lunacy and Mental Treatment) :

Bradley, A.; Ostler, J.; Piggins, S.; Townsend, H.

County Ambulance Officer :

Smith, C. E.

Clerk for Health Education :

Whelbourn, H.

Chief Clerk :

Ingram, W.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the health of the County for the year 1956.

The year witnessed the commencement of the scheme for the vaccination of children against Poliomyelitis, and as the passing months have slipped away, much has been achieved in this time of testing. The administrative and practical problems of the foreseeable future will be heavy and continual. The staff have earned public merit, which is now accorded. Parents have been most patient and general practitioners most helpful in carrying out half of the total vaccinations. A survey, historical in approach, together with arrangements within the County, are given in the body of the report.

The domiciliary midwives attended 684 home confinements and 629 nursing mothers who were discharged from maternity units before the fourteenth day.

Home Nurses attended 1,813 cases, 701 of the patients were aged sixty-five years or over. This is a substantial contribution in the care of the aged at home.

The Home Help service catered for the needs of 246 patients in the older age groups and incidentally one in six of home confinements.

The impact of three vacancies in the ranks of the domiciliary nursing staff, the strain of relief in sickness and in health, and at times of annual leave, are causing some anxiety and uneasiness. This constitutes a gradual unfolding of difficulties which in our experience is new.

The Health Committee is aware of the pressing need to provide accommodation for domiciliary nurses, bungalows to be built, attractively furnished and equipped to persuade the young nurse,

not too well endowed with financial resources, to leave the cloistered atmosphere of a parent hospital. The County Council have adopted the policy of building by instalments each year and it is hoped that this policy can be followed vigorously and effectively. Without this there may be the utmost difficulty in maintaining an adequate service. It is a question of hoping that "the thin blue line" will hold under duress and that any retirement will be due solely to advancing age.

61,734 tins of National dried milk were sold during the year and 53,020 bottles of orange juice. There are thirty centres of distribution and this service is under constant review.

62 per cent. of infants were immunised against diphtheria under one year of age, gradually approaching the target of safety at 75 per cent. and in the last five years 5,189 infants have been vaccinated against whooping cough.

We live in a world of reports and alarms, but only the former are on permanent record. Working Parties, Committees of Enquiry, produce volumes of literature, based on intensive study; one can only admire the turn of mind and ability of those concerned. The Guillebaud Report was published during the year, the approach within this report, rather humble, yet perhaps readable.

I should like to take this opportunity of thanking the members of the Health Committee and of the several Sub-Committees for the continued support given to me and my staff during the year.

I am,

Your obedient servant,

J. FIELDING,

County Medical Officer.

November, 1957.

STATISTICS AND SOCIAL CONDITIONS OF AREA

(a) GENERAL STATISTICS.

Area (acres)	267,849
Population (census 1951)	101,555
Population (Estimated—mid 1956)	102,700
Rateable Value for the County (1st April, 1957)	£850,952
Estimated Product of penny rate for whole County (1957-58)	£3,321

The County is mainly agricultural but in addition there are a number of canning factories; also a sugar beet factory. There is an increasing import trade at the Port of Boston, chiefly in timber and fruit.

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

Live Births.

	Males.	Females.	Total.
Legitimate	795	747	1,542
Illegitimate	42	26	68
Total Births	837	773	1,610

Live birth rate per 1,000 population :—15.7.

Stillbirths.—Males 18, Females 13; Total 31.

Deaths from all causes :—1,132.

Net Death Rate.
(per 1,000 of population).

Urban Districts	12.1
Rural Districts	10.4
Administrative County	11.0
England and Wales	11.7

Number of women dying in or in consequence of childbirth	2
Maternal mortality rate for 1,000, total live and stillbirths ...	1.2
Death rate of infants under 1 year per 1,000 births	29.2
Deaths from Measles (all ages)	1
Deaths from Whooping Cough	Nil
Deaths from Diarrhoea (under 1 year of age)	1
Neo-natal death rate (under 4 weeks) per 1,000 births ...	20.5
Neo-natal death rate (England and Wales)	16.9

BIRTH-RATE.—The birth-rate for 1956 of 15.7 shows a slight increase compared with a rate of 15.2 for 1955. The highest rate within the County is that of the Borough of Boston, 18.1. The East Elloe Rural District with a birth rate of 14.2 is the lowest in the County.

Illegitimate live births increased from 67 in 1955 to 68 in 1956, being 4.3 per cent. of the total live births.

DEATH-RATE.—The net death-rate for 1956 was 11.0 compared with 10.9 for the previous year. The highest rate was again that of the Spalding Urban District 15.8, and the Spalding Rural District again had the lowest rate of 10.0.

The death-rate for England and Wales was 11.7.

INFANT MORTALITY RATE.—The infant mortality rate rose to 29.2 compared with 22.4 for the previous year. The rate for the Spalding Rural District of 38.9 was the highest in the County, whilst the figure of 13.0 for the Spalding Urban District was the lowest. The rate for England and Wales for the year was 23.8.

MATERNAL MORTALITY.—Two patients died from conditions directly associated with childbirth, giving a mortality rate of 1.2 per 1,000 births. The rate for England and Wales was 0.56.

MAIN CAUSES OF DEATH.—The following table shows the figures for some killing diseases in the County of Holland during 1956.

Disease.	Total number of deaths.
Heart Disease	322
Cancer	178
Vascular diseases	181
Other Circulatory diseases	78
Bronchitis	32
Pneumonia	54

HEART DISEASES.—There were 322 deaths under this heading, a decrease of 36 on the figure for 1955. This represents 28 per cent. of the total deaths, 4 per cent less than for the previous year.

CANCER.—The number of deaths in 1956 was 178, 4 fewer than the figure for 1955. This represents 15.7 per cent. of the total deaths from all causes. The mortality rate was 1.7 per 1,000 of the population.

Arrangements for the diagnosis and treatment of cancer are made by the Regional Hospital Board through the Hospital Management Committee. The Radiotherapy Centre is at the Scunthorpe and District General Hospital and diagnostic and follow-up clinics are held at the Boston General Hospital.

VITAL STATISTICS FOR THE YEAR 1956 Urban and Rural Districts.

District.	Area in acres	Persons per acre	Population (mid-year)	Live Births.				Deaths.				Deaths under 1 year of age.	Death-rate from Pulmonary Tuberculosis per 1,000 population	Death-rate from all tubercular diseases per 1,000 population
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor.	Standardised Death Rate.			
												No	Rate per 1,000 reg'd births	
URBAN.														
Boston Borough	3257	7.4	24240	438	18.1	0.98	17.7	238	9.8	1.04	10.2	13	29.7	0.08
Spalding Urban	7825	1.9	14550	230	15.7	1.01	15.9	230	15.8	0.61	9.6	3	13.0	0.14
Totals for Urban Districts	11082		38790	668	17.2	0.99	17.0	468	12.1	0.85	10.3	16	24.0	0.10
RURAL.														
Boston	84408	0.26	21870	329	15.0	0.99	14.8	224	10.2	0.90	9.2	10	30.4	0.00
Spalding	87770	0.21	18880	283	15.0	0.98	14.7	189	10.0	1.10	11.0	11	38.9	0.05
East Elloe	84594	0.27	23160	330	14.2	1.03	14.6	251	10.8	1.01	10.9	10	30.3	0.04
Totals for Rural Districts	256772		63910	942	14.7	1.00	14.7	664	10.4	1.02	10.6	31	32.9	0.03
Administrative County ..	267854		102700	1610	15.7	1.00	15.7	1132	11.0	0.95	10.4	47	29.2	0.06
England and Wales					15.7		15.7		11.7		11.7		23.8	0.12

CAUSES OF DEATH	All Ages							
	Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	Over 75
Tuberculosis, respiratory	1	5	..	6
Tuberculosis, other
Syphilitic disease	1	2	4
Diphtheria
Whooping Cough
Meningo-Coccal infections
Acute poliomyelitis
Measles	1	..	..	..	..	..	..	1
Other infective and parasitic diseases	1	1	..	2
Malignant neoplasm, stomach	1	9	4	22
Malignant neoplasm, lung bronchus	2	19	4	28
Malignant neoplasm, breast	1	6	3	11
Malignant neoplasm, uterus	1	4	7
Other malignant and lymphatic neoplasms	4	37	32	110
Leukaemia, aleukaemia	1	2	3	7
Diabetes	2	5	11
Vascular lesions of nervous system	1	4	25	52	181
Coronary disease, angina	4	44	41	147
Hypertension with heart disease	2	7	15
Other heart diseases	1	..	21	33	160
Other circulatory disease	1	1	10	78
Influenza	6	2	1	..	3	1	2	5
Pneumonia	1	1	..	5	11	54
Bronchitis	1	8	5	32
Other diseases of respiratory system	1	1	5	9
Ulcer of stomach and duodenum	2	1	4
Gastritis, enteritis and diarrhoea	1	..	..	..	..	..	1	2
Nephritis and nephrosis	2	7	2	17
Hyperplasia of prostate	1	1	15
Pregnancy, childbirth, abortion	1	1	..	2
Congenital malformations	10	3	1	..	..	..	..	14
Other defined and ill-defined diseases	25	1	3	6	1	18	15	134
Motor vehicle accidents	2	1	1	2	8	1	17
All other accidents	4	2	..	1	4	1	6	20
Suicide	2	10	3	17
Homicide and operations of war
ALL CAUSES	47	10	6	11	37	239	253	1132

ADMINISTRATION

In this small County there is no need for decentralisation and all the administrative work in connection with the Authority's health services is undertaken at the County Hall, Boston.

The main committee is the Health Committee with membership as shown on page 3. This main committee has appointed three sub-committee's as follows :—

Mental Health Sub-Committee dealing with mental health matters and administration of occupation centres.

Maternity and Welfare Sub-Committee dealing with the home help, midwifery, home nursing and health visiting services.

Appointments Sub-Committee to interview and appoint persons to vacancies on the staff of the Health Department.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICES

There is close co-operation with the district authorities as the District Medical Officers of Health are also Assistant County Medical Officers.

In the following additional ways, co-operation is also secured :—

Obstetric Committee.—The County Medical Officer and Chief Nursing Officer serve on this Committee of which the Consultant Obstetrician is Chairman. Representatives of the Local Medical Committee and two general medical practitioners holding appointments both with the Local Health Authority and Hospital Management Committee serve on this Committee.

Mental Health.—Personal membership of the County Medical Officer of the Lincoln No. 3 Hospital Management Committee is of great value in dealing with the problems of mental health and mental deficiency.

Executive Council.—The County Medical Officer and representatives of the County Council serve on the Executive Council. This affords a valuable link with the general practitioner service.

Local Medical Committee.—Attendance at meetings of this Committee enables matters of purely local interest in connection

with the Health Authority's services to be discussed and the information passed, if necessary, to general practitioners.

The South Lincolnshire Medical Co-ordinating Committee.—The County Medical Officer acts as honorary secretary. This Committee is representative of Medical Officers of Health of scheme-making authorities, hospital consultants and local medical committees. This committee remains in being but it is seldom necessary to call it together.

Sheffield Liaison Committee.—As a general rule meetings are held quarterly and medical officers of health have the opportunity of discussing problems with medical officers of the Regional Hospital Board and Ministry of Health.

Standing Joint Ambulance Committee.—This is representative of the Local Medical Committee, the Hospital Management Committee and the County Council. It only meets if occasion requires.

Hospital Almoners.—There is close liaison with the hospital almoners. Every endeavour is made to furnish special reports when these are required, to follow up patients on discharge, and to provide home help or domiciliary nursing services when these are recommended.

JOINT USE OF STAFF

There is no change to report. The arrangements are as follows :—

(1) *Ante-Natal Clinics.*—A general practitioner who holds an appointment (part-time) for work in the maternity unit at the Wyberton West Hospital, Boston, acts as medical officer for the Authority's ante-natal clinic in Boston. Another general practitioner who holds an appointment at Holbeach Hospital maternity unit is also medical officer for the Authority's ante-natal clinics at Sutton Bridge and Holbeach. The Hospital Management Committee hold an additional session at Holbeach under the same general practitioner at which both domiciliary and hospital cases are allowed to attend.

(2) *Child Welfare Centres.*—General practitioners may be employed at the discretion of the County Medical Officer for work at infant welfare centres.

(3) *Tuberculosis.*—The County Council pay an agreed amount to the Regional Hospital Board for the services of the Chest Physician. The Tuberculosis health visitor is employed by

the County Council but works in close co-operation with the Chest Physician. She attends his clinics and follows up the patients.

(4) *Ophthalmic Clinics*.—The Consultant Ophthalmologist employed by the Regional Hospital Board holds regular sessions for children in the clinics at Boston, Spalding and Holbeach.

(5) *Heart and Rheumatic Conditions*.—The Consultant Cardiologist holds periodic sessions for school children at Boston and Spalding.

(6) *Dental Service*.—A Consultant Anaesthetist is employed by the County Council on a sessional basis.

(7) *Child Guidance*.—For child Guidance work, the Psychiatrist from Rauceby Hospital attends one day a week at the Boston Clinic. He is also responsible for the treatment of children admitted to the hostel at Bourne which is provided jointly by the Holland and Kesteven County Councils.

VOLUNTARY ORGANISATIONS

Full use is made of the various voluntary organisations in the County as follows :—

Red Cross Society (Boston branch)	... ..	Medical Loan Depot at Boston.
St. John Ambulance Brigade		Medical Loan Depots at Spalding, Sutton Bridge and Holbeach.
Women's Voluntary Services, Spalding	... ..	Administration in connection with the home help service in Spalding and district.
British Legion (Crowland Branch)	... ..	Medical Loan Depot at Crowland.
Lincs. Moral Welfare Associa- tion	... ..	Welfare work mainly in connec- tion with unmarried mothers.
Lincs. (Holland) Care Com- mittee	... ..	Care and after-care work in connection with tuberculosis and other illnesses.
Voluntary Committees at cer- tain Infant Welfare Centres.		General assistance at child welfare sessions.

Boston and District Association for the Mentally Handicap- ped	Co-operation and material assis- tance in dealing with mentally retarded children, particularly at Occupation Centre.
---	--

Boston and Holland Blind Welfare of the Blind.
Society

The Women's Voluntary Services and the Red Cross Society are requested from time to time to help by providing bedding and clothing for necessitous cases.

The County Council also makes use of the services of a number of National Associations and Bodies, to whom annual subscriptions are paid as follows:—

Central Council for Health Education (£50).

National Association for Mental Health (£10).

National Baby Welfare Council (£3 3s.).

National Association for Maternal and Child Welfare (£2 10s.).

National Council for the Unmarried Mother and her Child (£2 2s.).

The Royal Society for the Prevention of Accidents (£3 3s.).

INFECTIOUS DISEASES

Diphtheria.—Not a single case was notified during the year.

Measles.—After a somewhat heavy notification rate in 1955, only 243 cases were notified in 1956, more than half of which occurred in the Borough of Boston. There was one death.

Whooping Cough.—119 cases were notified compared with 196 in 1955, and 341 in 1954. The use of the combined prophylactic against whooping cough and diphtheria continues in favour.

Sonne Dysentery.—77 cases were notified, including 61 in the Boston Rural district. In Spalding and Boston Borough, the cases were of a sporadic nature. In Boston Rural district, the first outbreak was in February at Butterwick where there were six positive

cases. The next outbreak was at Boston and Donington in May and June when forty positive cases were reported. The usual precautionary measures were taken.

Erysipelas.—The number of notifications was thirteen compared with fifteen in the previous year.

Scarlet Fever.—Sixty-two cases were notified. Again most of the cases were in the Boston Urban and Rural districts.

Puerperal Pyrexia.—Four cases only were notified, all being in the Borough of Boston.

Ophthalmia Neonatorum.—No cases were notified.

Tuberculosis.—Notifications numbered twenty-five for pulmonary, and six for non-pulmonary disease.

Pneumonia.—The number of notifications was eighty-six, being one less than in the previous year. As there were fifty-two deaths, it would appear that notification is not complete.

Chicken Pox.—The disease is notifiable in the Boston Urban and Rural Districts. There were two hundred and seventy notifications.

Acute Poliomyelitis.—Four cases were notified, all being of the non-paralytic type.

Food Poisoning.—Twenty-seven cases of a sporadic nature were notified.

Meningococcal Infections.—Two cases, both of which recovered, were notified.

Scabies.—Nine cases, all in Boston Borough, were notified. Most of these cases were treated at the Ferry House Clinic, London Road, Boston.

SECTION 21—HEALTH CENTRES

There is no change to report. There is no demand here for a large centre of this kind. There are no new large centres of population which would call for special facilities of this nature.

Infectious Diseases notified in Holland County for the year ending 31st December, 1956.

District	Meningococcal Infections.	Whooping Cough	Diphtheria	Erysipelas	Scarlet Fever	Dysentery.	Puerperal Pyrexia	Polio-myelitis and Polio-Encephalitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Pneumonia	Chicken Pox	Measles	Food Poisoning	Scabies	Paratyphoid	Total
Urban Districts																		61
Boston	—	56	—	3	15	5	4	—	—	4	2	38	80	152	15	9	—	383
Spalding	1	3	—	—	4	—	—	—	—	3	2	12	—	10	—	—	—	35
Rural Districts																		
Boston	—	30	—	5	23	61	—	2	—	6	2	13	190	55	7	—	—	395
Spalding	1	13	—	1	12	11	—	2	—	4	—	8	—	18	4	—	—	73
East Elloe	—	17	—	4	8	—	—	—	—	8	—	15	—	8	7	—	—	61
Totals	2	119	—	13	62	77	4	4	—	25	6	86	270	243	27	9	—	947

* Note.—The figures for tuberculosis exclude those cases coming to the notice of the Medical Officer of Health otherwise than by formal notification.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Home Visiting.—Home visiting of children under school age is an important part of a health visitor's duties. More detailed information is given in the health visiting section.

Child Welfare Centres.—One additional centre was opened during the year, namely, at Wyberton Parish Hall, which serves the residents of the new housing estates in that neighbourhood. It may be said that most people are now within easy reach of a centre but, in a few remote cases, transport is provided to convey mothers and children to the Holbeach, Wrangle, Kirton and Swineshead centres.

There are now fifteen centres in the County at which sixty-five sessions are held per month.

A Medical Officer normally attends at the more important centres but, when this is not considered necessary, a doctor only attends fortnightly or monthly.

A statistical table is given on the next page from which it will be seen that 3239 children (of whom 1199 were under one year of age) attended during the year and made a total of 27,739 attendances. The percentage of new babies attending the centres, related to the total live births for 1956, was 72.

In order to co-ordinate the work of health visitor and midwife, the district nurse-midwives attend the child welfare centres whenever possible.

The family doctor is notified when it is considered that any child should be referred to a hospital clinic for consultant opinion.

At most of the centres there is a band of voluntary workers who render valuable service.

Supply of Welfare Foods, Dried Milk etc.—Certain proprietary foods are available at all the child welfare centres. In addition, the Council also deal with the distribution of national dried milk and other welfare foods. The arrangements continued to work smoothly and a few alterations were made during the year to suit the convenience of the public. New distribution points were started at Surfleet, Gedney Drove End, Cowbit, Wyberton, St. John's House in Boston and Sutton St. Edmunds. The selling point at Old Leake closed on December 31st, and at the Spalding Clinic the Monday afternoon session was discontinued but an additional session was started on Tuesdays.

The following is the list of infant welfare centres:—

Centre	Frequency	Day	No. of Sessions	No. seen by Doctor	Average Attendance (Children)
Boston (2)	Thrice Weekly	Monday, Tuesday, Friday	151	1384	60
Crowland	Weekly	Tuesday	51	222	31
Donington	Weekly	Thursday	52	176	40
Deeping St. Nicholas	Monthly	2nd Thursday	12	—	25
Fishtoft	Fortnightly	2nd & 4th Thursdays	24	204	43
Gosberton	Monthly	1st Thursday	12	34	22
Holbeach	Weekly	Thursday	52	713	49
Kirton	Weekly	Wednesday	51	210	42
Long Sutton	Weekly	Friday	51	341	33
Spalding	Twice Weekly	Tuesday, Friday	102	844	36
Sutton Bridge	Weekly	Wednesday	51	525	43
Swineshead	Weekly	Wednesday	51	116	26
Wrangle	Weekly	Friday	51	128	23
Wyberton	Weekly	Thursday	4	—	33

All the Centres are administered by the Local Health Authority, and the following table summarises the position:—

No. of Centres Provided at end of year	No. of Child Welfare Sessions now held per month	No. of Children who attended Centres during the year	Number of Children who attended during this year and who were born in		Total No. of attendances made by children during the year	
			1956	1955	Under 1 year of age	Over 1 year of age
15	65	3239	944	1954—51	16407	11332

Stores.—The central bulk stores are kept at St. John's House, Skirbeck Road, Boston, with small subsidiary stores at Spalding and Holbeach.

Transport.—The transport of stocks to Clinics and Parochial selling points is undertaken by County vehicles by arrangement with the County Transport Officer.

Distribution.

(a) *Parochial Selling Points.*—These are maintained chiefly by workers at Amber Hill, Butterwick, Cowbit, Holland Fen, Gedney Drove End, Surfleet, Sutton St. Edmunds, Wrangle Lowgrounds, Holbeach St. Marks, Weston, Sutton St. James and Whaplode Drove.

(b) *Boston :*

Monday morning—S. John's House, Boston.

Monday afternoon—Allan House, Boston.

Tuesday afternoon—Ferry House Clinic, 4, London Road, Boston.

Wednesday morning and afternoon—Bargate Clinic, Boston.

Thursday morning—Allan House, Boston.

Friday afternoon—Bargate Clinic, Boston; Ferry House Clinic, Boston.

Saturday morning—Bargate Clinic, Boston.

(c) *Donington :*

Thursday afternoon—The Clinic.

(d) *Wrangle :*

Friday afternoon—The Clinic, Bede School.

(e) *Kirton :*

Wednesday afternoon—The Clinic, Town Hall.

(f) *Swineshead :*

Wednesday afternoon—The Clinic, The Hut.

(g) *Spalding :*

Tuesday morning, Clinic Annexe, Holland Road, Spalding.

Tuesday afternoon—Clinic Annexe, Holland Road, Spalding.

Friday morning—Clinic Annexe, Holland Road, Spalding.

Friday afternoon—Clinic Annexe, Holland Road, Spalding.

Saturday morning—Clinic Annexe, Holland Road, Spalding.

(h) *Holbeach :*

Monday afternoon—The Clinic, Park Road, Holbeach.

Thursday afternoon—The Clinic, Park Road, Holbeach.

(i) *Long Sutton :*

Friday afternoon—Welfare Centre, Church Hall.

(j) *Sutton Bridge* :

Tuesday afternoon—The Church Hall Clinic.

Wednesday afternoon—The Church Hall Clinic.

(k) *Crowland* :

Tuesday afternoon—Welfare Centre, The Abbey Institute.

(l) *Deeping St. Nicholas* :

2nd Thursday afternoon—Welfare Centre, Church Hall.

(m) *Gosberton* :

1st Thursday in each month—Welfare Centre, Parish Hall, Gosberton.

(n) *Fishtoft* :

2nd and 4th Thursday—Welfare Centre, Rochford Tower Hall.

(o) *Wyberton* :

Thursday afternoon—The Parish Hall.

The figures for the year ended 31st December, 1956, were as follows :—

Number of distribution centres	...	...	30
Welfare Foods issued :			
National Dried Milk	...	...	61,734 tins
Vitamin Tablets	...	...	4,125 packets
Orange Juice	...	...	53,020 bottles
Cod Liver Oil	...	...	9,433 bottles

Ante-Natal Clinics.—There is no change to report. The Local Health Authority's clinics are as follows :—

Boston—Once a week. (Monday afternoon).

Spalding—Twice weekly. (Monday and Friday afternoons).

Holbeach—Once a week. (Monday afternoon).

Sutton Bridge.—Once a week. (Tuesday afternoon).

In addition, ante-natal cases are seen, when necessary, at the end of the infant welfare sessions at Crowland, Donington, Kirton and Wrangle.

When their duties permit, the Council's health visitors attend ante-natal sessions to maintain contact with this work.

Apart from the facilities provided by the County Council, the Hospital Management Committee have arranged weekly sessions at Boston General Hospital, Spalding Johnson Hospital and Holbeach Clinic.

The number of women who attended the Local Health Authority's clinics during the year was 874 and the total number of attendances was 2,119.

Post-Natal Clinics.—No special clinics are held. Sixteen women were examined post-natally at ante-natal clinics. As a general rule, the post-natal examination is done by the general practitioner as provided in the domiciliary maternity scheme.

Dental Treatment.—Dental treatment for mothers and children under five was continued during the year. Although the figures are comparatively small, they are steadily growing, with almost three times as many patients attending in 1956 as in 1955. No special sessions are allocated to this work, children being seen along with the school children, and mothers at the end of the normal school sessions. Patients are referred from the ante-natal and child welfare clinics by the nurses and in the case of children a reminder is sent on the third birthday in the form of a birthday card.

During 1956, 13 mothers and 51 children attended for inspection and in almost all cases some treatment was found necessary.

Talks on dental health were given on three occasions to expectant mothers.

	Mothers	Under fives
Number examined	13	51
Found to require treatment	13	45
Treated	13	45
Dentally fit at end of year	10	43

Type of treatment :—

Scaling and gum treatment	10	—
Fillings	18	78
Silver Nitrate	—	35
Extractions	21	72
General anaesthetics	7	30
Provision of partial dentures	3	—

Maternity Beds.—The health visitors continued to investigate, at the request of the hospital authorities, cases recommended for admission on sociological grounds. If the conditions are unsatisfactory for home confinement, a certificate is given by the County Medical Officer and an appointment made at the hospital. If, on the other hand, there is no need for hospital confinement, the patient's doctor is notified and the patient is advised to book the doctor and/or midwife. When institutional treatment is advised for medical reasons, the procedure is for the patient to be referred to the hospital clinic by the family doctor.

92 applications were received, and 80 patients were recommended for admission.

Of the total births, as adjusted by inward and outward transfers, 55.6% were institutional.

Chest X-Ray of Expectant Mothers.—The arrangements of the Regional Hospital Board for the screening of expectant mothers with a view to the diagnosis of unsuspected disease were continued. Under the scheme, 434 patients were screened at the London Road Hospital, Boston, and 111 at the Johnson Hospital, Spalding.

Ophthalmic Treatment.—Children of pre-school age requiring treatment are normally referred to the out-patient departments of hospitals but, for the sake of convenience, some children are seen at the school clinics by the Consultant. The number of cases so referred was 102.

Blood Testing.—Arrangements are in force whereby Medical Officers at ante-natal clinics collect and send blood specimens for examination. General practitioners may also send blood specimens direct to the Sheffield Blood Transfusion Laboratory if they so wish. Specimens are collected as a routine measure for Rhesus and Haemaglobin tests and for determining the blood group of the mother.

CARE OF PREMATURE INFANTS.—Special cots and equipment are available, if required, for children nursed at home but, when special medical and nursing care are indicated, cases are transferred to hospitals. The number of premature live births was 77 which is 4.8% of the total live births notified ; of the total number (30) of stillbirths notified, 13 were premature, equivalent to 43.3%.

The following table summarises the position :—

Weight at Birth.	Born at home and transferred to hospital.			
	Total	Died in first 24 hours.	Died on 2nd to 28th day.	Survived 28 days.
3½lbs. or less	2	—	2	—
3½lbs.—4½lbs.	3	—	2	1
4½lbs. to 4lbs. 15ozs.	—	—	—	—
4lbs. 15ozs.—5½lbs.	1	—	—	1
Totals	6	—	4	2

Weight at Birth.	Born at home and nursed entirely at home.			
	Total	Died in first 24 hours.	Died on 2nd to 28th day.	Survived 28 days.
3¼lbs. or less	—	—	—	—
3¼lbs.—4¾lbs.	2	—	—	2
4¾lbs. to 4lbs. 15ozs.	4	—	—	4
4lbs. 15ozs.—5½lbs.	15	—	—	15
Totals	21	—	—	21

Of the 50 premature births in hospitals, three died in the first 24 hours, five between the 2nd and 28th day, and 42 were surviving at the end of 28 days.

There were 10 premature stillbirths in hospital and three at home.

MATERNITY OUTFITS. 712 outfits were issued.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.—The County Health department has continued to work in close association with the Lincoln Diocesan Association for Moral Welfare. As a general rule, patients having a first illegitimate child for whom they cannot make other arrangements go to the Quarry Maternity Home, Lincoln, for a period of sixteen weeks, including the lying-in period. The Home does not accept patients who have a second illegitimate child. For such cases, the Moral Welfare worker obtains accommodation in other Homes.

Before a patient's admission, ante-natal care is given either by a general practitioner or at a clinic.

During the year, twelve patients were sent to the Quarry Maternity Home, Lincoln, or to similar Homes.

Patients contribute from National Insurance or National Assistance benefit towards the cost of maintenance and, in addition, every effort is made to obtain contributions from other sources:

ILLEGITIMATE BIRTHS.—The number of illegitimate births during 1956 was 68, equivalent to 4.3 per cent. of the total live births, the same as in 1955.

NEO-NATAL DEATH RATE (under 4 weeks).

Legitimate (per 1,000 legitimate births). 22.0.

Illegitimate (per 1,000 illegitimate births). 14.7.

INFANT MORTALITY RATE.

Legitimate (per 1,000 legitimate births). 30.3.

Illegitimate (per 1,000 illegitimate births). 44.1.

STILL-BIRTHS.

Per 1,000 legitimate births. 20.0.

Per 1,000 illegitimate births. 29.4.

Arrangements were continued for the special supervision of all illegitimate births, and there is close co-operation between the Health Department, the Children's Department and the Diocesan Moral Welfare Association. The latter is a registered Association for dealing with adoptions.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.—Three new applications were received and registration approved. There were four cancellations. At the end of the year there were eighteen child minders on the register with seventy-seven approved places.

REGISTERED DAILY GUARDIANS.—In addition to the minders registered under the Act, the County Council have a scheme for registered daily guardians. This was instituted to take the place of the old day nurseries. On 31st December, 1956, there were nine registered minders with fifteen approved places. From this it will be seen that the total number of registered minders and daily guardians was 27, and the number of approved places was 92. As a general rule it was found that about half the places were taken. The number of priority cases in which the Council pay 1/- per day fell to one by the close of the year.

WOMEN'S ADVISORY CLINIC. The County Council allow the free use of the Holbeach Clinic to a branch of the Family Planning Association. Sessions are held on the 1st and 3rd Tuesdays in each month. The County Council's powers in this respect are limited to expectant and nursing mothers and then only when further pregnancy would be detrimental to health.

Other cases would normally be referred to the appropriate hospital clinic.

PREVENTION OF BREAK-UP OF FAMILIES.—Special reference was made to this subject in my last report, and the year 1956 marked a continuation of these efforts. In the problem family so many difficulties arise that it is essential to have the co-operation of all interested departments, National and Voluntary Bodies, namely the Health, Children's, Educational, Welfare, Housing and Sanitary departments, the National Assistance Board, the N.S.P.C.C., the Women's Voluntary Services and others. The health visitor plays a prominent part in work of this kind because she is probably the first to notice the signs of breakdown in the family life.

By means of an interchange of reports it has been possible to keep all parties in touch with the cases and so achieve the best results. Material help has been given by the Care Committee, the Women's Voluntary Services and the National Assistance Board and, in many cases, the combined efforts have succeeded in effecting improvements and in keeping the families intact. The number of families kept under observation during 1956 was ninety-one.

MIDWIVES ACTS

LOCAL SUPERVISING AUTHORITY.—The County Council is the supervising authority for the purposes of the Midwives Acts. The non-medical supervision is done by the County Chief Nursing Officer.

INSPECTIONS.—Domiciliary midwives are inspected at least quarterly and additional visits are paid when necessary. Visits are also paid to hospital midwives and private maternity nurses in the County area.

NOTIFICATION OF INTENTION TO PRACTISE.—The number of midwives who gave notice of their intention to practise during 1956 was 47. In addition, 5 midwives notified their intention to practise as maternity nurses. The number of practising midwives at the end of the year was twenty-eight (domiciliary) and eighteen (institutional).

CASES.—The following table shows the number of cases attended by midwives :—

	Number of Deliveries attended by Midwives during 1956.						Cases in Institu- tions.
	Domiciliary Cases.					Totals.	
	Doctor not booked.		Doctor booked.				
	Doctor present at delivery.	Doctor not present	Doctor present at delivery.	Doctor not present			
Midwives employed by this Authority	5	43	68	568	684	—	
Midwives employed by Hospital Man- agement Commit- tees	—	—	—	—	—	919	
Midwives in private practice	—	—	10	—	10	—	
Total	5	43	78	568	694	919	

Of the institutional cases included above, six hundred and twenty-nine were discharged before the fourteenth day and were attended after discharge by the domiciliary midwives.

In five hundred and forty cases, the infants were wholly breast fed at the fourteenth day.

MEDICAL AID.—Medical aid was sought by midwives in two hundred and twenty-three domiciliary cases and three hundred and six institutional cases. Of the domiciliary patients, the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service in one hundred and ninety-one cases.

The classification of the emergencies in the domiciliary cases was as follows :—

PREGNANCY.

Ante-partum Hæmorrhage	...	...	...	...	...	9
Albuminuria	...	...	...	...	...	5
Miscarriage, Abortion	...	...	...	...	...	5
High blood pressure	...	...	...	...	...	13
Toxæmia of pregnancy	...	...	...	...	...	7
Asthma	...	...	...	...	...	2
Diarrhœa and Vomiting	...	...	...	...	...	2
Other conditions	...	...	...	...	...	9

LABOUR.

Malpresentation	...	...	...	...	...	...	...	11
Retained or adherent placenta	...	...	...	...	...	...	...	5
Ruptured perineum	...	...	...	...	...	...	...	71
Prolonged labour and uterine inertia	...	...	...	...	...	...	...	18
Eclamptic Fit	...	...	...	...	...	...	...	1
Prolapsed Cord	...	...	...	...	...	...	...	1
Other conditions	...	...	...	...	...	...	...	2

LYING-IN.

Varicose veins and swollen legs	...	...	...	...	...	...	...	4
Post-partum hæmorrhage	...	...	...	...	...	...	...	6
Pyrexia	...	...	...	...	...	...	...	13
High blood pressure	...	...	...	...	...	...	...	2
Other conditions	...	...	...	...	...	...	...	6

CHILD.

Prematurity	...	...	...	...	...	...	...	3
Dangerous feebleness	...	...	...	...	...	...	...	6
Inflammation of or discharge from eyes	...	...	...	...	...	...	...	20
Malformation	...	...	...	...	...	...	...	3
Rashes	...	...	...	...	...	...	...	2
Other conditions	...	...	...	...	...	...	...	2

NOTIFICATION FROM MIDWIVES.—The following notifications were received from midwives :—

Notifications of sending for medical aid	...	...	...	...	...	...	223
Laying out dead body	...	...	...	...	...	...	2
Liability to be a source of infection	...	...	...	...	...	...	14
Notification of death or stillbirth	...	...	...	...	...	...	52
Artificial feeding	...	...	...	...	...	...	299

SECTION 23—MIDWIFERY SERVICE

GENERAL ARRANGEMENTS.—The County Council provide a domiciliary midwifery service by employing whole-time district midwives and district nurse-midwives. The day-to-day management of the service devolves upon the Chief Nursing Officer

and two Assistants. On the 31st December, 1956, five district midwives and fifteen district nurse-midwives were employed. In addition, the two Assistant Nursing Superintendents take relief duty on occasions.

TRANSPORT.—As each midwife has to take analgesia apparatus with her, the use of a car is essential. If a midwife is not a car driver at the time of her appointment, the County Council have an arrangement to pay for driving lessons up to a maximum of £12 12s. od.

ANALGESIA.—At the end of the year the following domiciliary midwives were qualified to administer gas and air analgesia.

Employed by the Local Health Authority	...	...	22
In private practice	...	...	6

Twenty-six sets of apparatus, including five for Trilene, have been provided by the County Council.

Analgesia was administered in 605 cases (gas and air 490, trilene 115).

Pethidine was also much used either alone or in conjunction with gas/air analgesia. It was administered in 374 cases. There is strict control of the use of dangerous drugs by midwives.

STERILISED MATERNITY OUTFITS.—Maternity outfits are available free of charge for all women confined at home. The outfits are issued in most cases from the clinics on production of a certificate signed by a doctor or midwife. 712 outfits were issued during the year.

OTHER MATTERS.—Particulars relating to the Part II training course, accommodation, refresher courses, etc., are given in the report of the Chief Nursing Officer, Miss E. K. Bally, who has extensive experience in these matters.

In addition to being an Examiner for the Midwife Teacher's Diploma, Miss Bally is a member of the following bodies :—Central Midwives' Board, the Sheffield Area Nurses' Training Committee of the Ministry of Health, the Council of the Royal College of Midwives, and the Boston Group Hospital Management Committee.

CASES.—The following is a summary of the work carried out by the County Council midwives:—

District	No. of visits.			Total number of visits
	Ante-natal	De-livery	Lying-in	
	To patients' homes			
Boston, Wyberton and Fishtoft	1240	232	4265	5737
Freiston, Benington and Butterwick	287	15	511	813
Wrangle and Old Leake	213	35	630	878
Kirton and Frampton	291	33	441	765
Sutterton and Algarkirk, etc.	175	20	490	685
Swineshead and District	128	9	244	381
Donington and District	125	24	427	576
Gosberton and Surfleet	300	32	734	1066
Spalding, Pinchbeck, Cowbit, Moulton and Weston	1298	117	2654	4069
Deeping St. Nicholas	277	19	448	744
Crowland	617	27	477	1121
Holbeach	240	18	454	712
Holbeach Bank and Fleet	233	24	569	826
Gedney, Gedney Dyke and Lutton	127	17	286	412
Long Sutton	108	12	235	355
Tydd, Sutton St. James, Sutton St. Edmund, and Gedney Hill	171	26	447	644
*Sutton Bridge	99	11	233	343
TOTALS	5929	671	13527	20127

* No permanent midwife from April; work undertaken by neighbouring midwives.

SECTION 24—HEALTH VISITING

FUNCTIONS.—Increasing demands are now being made on the services of the health visitors. In addition to infant health visiting and duties at child welfare centres, she deals with the visitation of mental defectives and of the aged. She also has to report on the home conditions of patients to be admitted to or discharged from hospitals.

STAFF.—As previously stated, it is the policy of the County Council to employ health visitors on combined duties. Qualified health visitors are stationed in convenient centres throughout the County and on the 31st December, 1956, the staff was as follows :—

- 2 Health Visitors (full-time) in Boston Borough.
- 9 Health Visitors, also carrying out school nursing and other duties.
- 1 Tuberculosis Health Visitor.
- 2 Nurses (part-time) on clinic duties.

Supervisory work is undertaken by the Chief Nursing Officer and there are regular monthly meetings when matters of general interest are explained and discussed.

Full co-operation with general practitioners is desirable and health visitors are encouraged to keep in touch with doctors in their respective districts.

SUMMARY OF WORK.—In spite of staffing difficulties, the following figures of the number of visits paid by the health visitors and tuberculosis visitor during the year give some indication of the extent of their work.

To Expectant Mothers.

First visits ...	...	...	...	...	...	...	258
Total visits	...	...	...	...	...	...	347

To Children under 1 year of age.

First visits	...	...	...	...	...	...	1723
Total visits	...	...	...	...	...	...	9955

To Children, aged 1 and under 2 years ... 4933

To Children, aged 2 but under 5 years ... 10280

Visits to tuberculous households ... 894

Visits to other cases (e.g. reporting on care of old people, hospital after-care, infectious diseases, etc.) 1710

Included in the above were 33 visits of investigation of cases on behalf of hospital authorities, and 102 visits in connection with admissions to maternity units on sociological grounds.

REFRESHER COURSES.—In order to keep the nursing staff in touch with modern teaching and methods, health visitors attend refresher courses annually in turn. Two health visitors attended such courses during the year.

TRAINING OF HEALTH VISITORS.—One of the main difficulties in a rural area is to maintain staff. To help in this respect, the Council grant bursarships, each to a total value of £250. The nurses, on completion of the course, agree to remain with the Council for a period of two years.

CHILD LIFE PROTECTION — BOARDED-OUT CHILDREN—ADOPTIONS.—Although this work comes within the province of the Children's Department, the health visitors pay the usual routine visits to children under five years of age.

SECTION 25—HOME NURSING

GENERAL SCHEME.—The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses or district nurse-midwives. There was no change in these arrangements during the year. To obtain the services of the district nurse, it is the usual practice for the general medical practitioner to telephone or send a written message. The same procedure applies in respect of patients discharged from hospital if they still need home nursing.

TRANSPORT.—With two exceptions where the nurses use bicycles, the district nurses have their own cars or cars are provided by the County Council.

STAFF.—Six whole-time nurses were employed and sixteen nurses devoted part of their time to the service. The equivalent in terms of whole-time staff is 6.65.

WORK UNDERTAKEN.—Home nurses attended 1,583 cases, the number of visits being 36,185.

District	No. of Nurses	No. of Patients Attended	Medical	Surgical	Total Number of Visits
Boston, Fishtoft and Wyberton	3	353	301	52	9489
Freiston, Benington and Butterwick	1	30	20	10	355
Wrangle and Old Leake	1	24	16	8	551
Kirton	1	106	86	10	1235
Sutterton and Algarkirk	1	65	48	17	720
Swineshead	1	26	19	7	838
Donington	1	100	90	10	1756
Gosberton and Surfleet	1	42	29	13	1244
Spalding and Pinchbeck	2	182	108	74	4765
Moulton, Moulton Chapel, Cowbit and Weston	3	265	147	118	7836
Deeping St. Nicholas	1	43	37	6	682
Crowland	1	112	106	6	2242
Holbeach	1	17	14	3	622
Holbeach Bank and Fleet	1	64	31	33	981
Gedney, Gedney Drove End	1	56	29	27	1248
Long Sutton	1	31	20	11	874
Tydd, Sutton St. James, Sutton St. Edmunds and Gedney Hill	1	44	42	2	430
*Sutton Bridge	1	23	19	4	317
TOTALS	23	1583	1172	411	36185

* No permanent district nurse from April, work undertaken by neighbouring district nurses.

Of the cases attended, 701 were sixty-five or over, and visits to these cases numbered 23,378. This again shows the importance of domiciliary nursing in relation to the care of the aged and chronic sick. It represents 39% of the total cases attended.

One hundred and thirty-two children under five years of age were attended and the number of visits was seven hundred and thirty-eight.

Two hundred and ninety-one patients each had more than twenty-five visits during the year.

HEALTH VISITING, DOMICILIARY MIDWIFERY AND HOME NURSING SERVICES

Miss E. K. Bally, the Council's Chief Nursing Officer, reports as follows :—

In spite of shortage of staff due mainly to illness, the services have continued to function satisfactorily throughout the year.

STAFF.—Mrs. Green commenced duty in January filling the vacancy for a health visitor in Long Sutton.

Miss D. Sidebottom left Holbeach and was replaced temporarily by Miss M. M. Le Manquais until Miss Prichard was appointed as health visitor for the area in December.

Miss Dodd, district nurse-midwife for Sutton Bridge, and Miss Carrott, district nurse-midwife for Pinchbeck, both resigned to take up other posts during the year.

Miss Fox, district nurse in Spalding also resigned at the end of the year. It has been possible to make use of the services of Mrs. Tollitt, S.R.N., S.C.M., as part-time relief district nurse-midwife and Miss F. White also returned to the County Council staff for temporary holiday relief duty.

HOUSING.—Accommodation still continues to be a problem in some areas, but it is hoped that two bungalows for nurse-midwives will be completed in 1957 and a third started.

HEALTH TEACHING.—Mothercraft classes continue to be held at Allan House, Boston, and have been started at Spalding. They are also held at the ante-natal clinics at Sutton Bridge and Holbeach. Attendances are still somewhat disappointing. Talks have also been given at infant welfare clinics and members of staff have given talks to young wives, Fellowships, Women's Institutes and similar organisations.

The Central Council for Health Education gave a two-day study course on teaching methods, which proved very interesting and helpful.

Post-Graduate Courses.—Four midwives, 2 health visitors and one district nurse attended post-graduate courses during the year.

OLD PEOPLE.—As will be seen from the analysis of work undertaken by district nursing staff, the general care of the aged still forms a large proportion of the work. The health visitors too undertake visiting of old people, and the assistant superintendents visit quite a number who are receiving the services of a home help. Several of the staff are members of voluntary old people's committees in their area.

FAMILY ALLOWANCES.—The health visiting staff were asked for their observations on the use made of the family allowance. It was generally found in the low income group and the problem family that the allowance went into the ordinary house-keeping. In this group it was found that the fact that the allowance is payable on Tuesday is helpful as this came between pay days. In a good number of cases the money is used for the children's clothing, either drawing it out only when needed or by paying into a clothing club. It is felt that the general standard of clothing of the majority of children is much higher. One mother had used it to purchase a sewing machine, and now makes all the children's clothing. There are other instances where it is used to pay off the house mortgage or the hire purchase on the television. On the whole it is felt that the allowance is used for the benefit of the children and helps to raise the standard of care.

MIDWIFERY TRAINING.—During the year 11 pupils successfully completed the course of training. Of these, 3 came from India, one from South Africa and one from New Zealand. A Finnish midwife also visited us for a week in September.

Analysis of Work undertaken during 1956 by the Home Nursing Service

New Cases	No. of Patients	No. of Visits
General care of the aged	290	11827
Nursing of children	95	687
Treatment of cases of accident	90	598
Dressings following discharge from hospital ...	130	1774
Preparation for X-ray (Barium enema) ...	51	94
Bladder washout	37	1370
Enemata	91	320
Changing pessary	80	317
Injections—Insulin	63	6934
Streptomycin	9	197
Penicillin	37	438
Mersalyl	42	729
Others	38	816

SECTION 26—VACCINATION AND IMMUNISATION

The Council's scheme now provides for vaccination and immunisation against any disease for which authority is sought from and given by the Minister of Health. At the present time it applies to vaccination against smallpox and poliomyelitis, and immunisation against diphtheria and whooping cough.

VACCINATION AGAINST SMALLPOX.—Vaccination or re-vaccination under the scheme is available for persons of any age. General practitioners participate in the scheme and a fee is paid for each certificate received. Special sessions are also held at the Council's child welfare clinics. Although the figures are an improvement in the position which obtained some years ago, they are still not satisfactory, and it is hoped that persistent endeavour will bring about a further increase.

The following tables record the vaccination and re-vaccinations for 1956 and previous years. The percentage of children under one year vaccinated as compared with the number of live births is 28.1%. The estimated percentage for England and Wales is 34, which is regarded as being too low for real protection of the population.

PRIMARY VACCINATIONS

Year	Under 1 year	1 to 4	5—14	15 or over	Total
1948	101	19	2	18	140
1949	92	50	7	23	172
1950	198	206	22	61	465
1951	180	184	44	146	554
1952	360	36	39	78	513
1953	281	203	38	70	592
1954	490	48	24	40	602
1955	470	32	14	47	563
1956	453	50	15	72	590

RE-VACCINATIONS

Year	Under 1 Year	1—14	5—14	15 or over	Total
1948	5	3	2	25	35
1949	—	1	—	35	36
1950	—	7	5	64	76
1951	—	3	2	140	145
1952	—	1	6	58	65
1953	—	—	2	55	57
1954	—	6	3	36	45
1955	—	2	5	35	35
1956	—	1	14	50	65

Number immunised against Diphtheria during the period 1942-1956.

Year.	Boston Borough.		Boston Rural.		Spalding Urban.		Spalding Rural.		East Elloe Rural.	
	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.	Under five.	Aged 5-15.
1943	268	113	295	270	212	177	189	151	277	275
1944	308	249	288	55	268	142	224	66	274	89
1945	314	125	224	36	224	23	236	13	220	42
1946	287	100	262	42	168	28	223	37	264	120
1947	312	86	255	41	236	80	199	47	249	205
1948	443	74	300	35	203	9	210	38	300	64
1949	339	31	255	22	167	8	200	23	280	45
1950	307	65	208	17	173	14	193	13	232	16
1951	276	51	230	10	127	11	159	16	227	17
1952	314	44	195	9	151	1	181	15	232	4
1953	271	39	240	11	175	3	210	8	278	7
1954	374	66	344	2	186	2	210	18	265	4
1955	282	77	309	22	198	5	205	38	255	23
*1956	327	43	258	8	180	14	211	37	213	29
Total	4422	1163	3654	580	2668	517	2850	520	3566	940

* In addition, 1,406 school children each received a booster injection.

By taking the number of children immunised under 1 year of age (1006) as a percentage of the average live births (1600), the result is 62% which is coming closer to the Ministry's objective of 75%. It is noticeable that the number of children in the age group between one and two years is lower and that mothers are having the children immunised earlier, hence the rise from 55 to 62%.

The percentage of children under 5 years of age who have been immunised was 65.6 and in the five to fourteen age group there was an increase from 79.2 to 81.6%.

As immunity tends to wane with the passing of time, the following table shows the figures for the County expressed as percentages of the mid-1956 estimate of the child population and also what proportion in each age group had been immunised (primary or booster) within the last five years.

Of the total estimated population (24,700) for the under fifteens, 18,864 had been immunised at some time.

Age at 31.12.56 i.e., Born in Year	Under 1 1956	1—4 1952—1955	5—9 1947—1951	10—14 1942—1946	Under 15 Total
Last complete course of injections (whether primary or booster).					
A. 1952—1956	—	5050	5521	3493	14325
B. 1942—1951	—	—	1443	3096	4539
C. Estimated mid- year child popu- lation	1620	6480	16600		24700
Immunity Index 100 A/C	16.1	77.9	54.3		58.0

DIPHTHERIA IMMUNISATION.—There was no change in the Council's arrangements. Parents may have their children immunised by the family doctor or at the welfare centre. At the commencement of school life primary or re-inforcing injections are given by the school medical staff. If necessary, special sessions are arranged.

No case of diphtheria has been notified since 1948.

Every effort has been made to maintain and, whenever possible, to improve the level of immunisation, and there has been a small overall increase in respect of the under fifteen population.

The following table shows the number of children immunised during 1956 :—

District	Primary				Boosters
	Under 1	1—4 yrs.	5—14 yrs.	Total	All Ages
Boston Borough	270	57	43	370	295
Spalding Urban	155	25	14	194	260
Boston Rural	211	47	8	266	246
East Elloe Rural	181	32	29	242	231
Spalding Rural	189	22	37	248	374
Totals	1006	183	131	1320	1406

The next table has been completed to show the number of children in the three age groups who have been immunised at any one time and the percentage they represent of the population in these age-groups.

District	Under 1 year (i.e. born in 1956)		1 and under 5 years (born in 1952-1955)		5—14 years (born 1942-51)	
	No.	%	No.	%	No.	%
Boston Borough ..	76	19.4	1236	80.5	3221	81.5
Spalding Urban ..	49	21.0	715	84.1	1880	85.1
Boston Rural ..	59	16.2	1071	76.4	2807	80.1
East Elloe Rural ..	40	12.9	1098	72.5	3031	80.2
Spalding Rural ..	37	11.5	930	78.5	2614	82.8
Totals	261	16.1	5050	77.9	13553	81.6

When considering the figure 16.1% for children born in 1956 who have been immunised by the end of the year, it must be noted that only about one-third of the children born in 1956 could complete the protective treatment by December 31st. In actual fact the number of children immunised during the first year of life is steadily increasing.

WHOOPING COUGH INOCULATION.—This scheme has been in operation under the Authority's arrangements since 1952, and vaccine is supplied to medical practitioners on request. Inoculation against whooping cough alone has virtually disappeared, as the parents prefer the combined prophylactic against whooping cough and diphtheria for their children.

Children immunised (combined prophylactic) ...	1065
Children inoculated (whooping cough prophylactic alone)	Nil

The following table shows the number of vaccinations against whooping cough, either alone or in combination with diphtheria, since 1952 :—

District	1952	1953	1954	1955	1956
Boston Borough	98	292	343	274	296
Spalding Urban	67	169	185	187	162
Boston Rural	82	232	328	294	238
East Elloe Rural	97	265	264	241	182
Spalding Rural	86	201	223	193	187
	<hr/> 430	<hr/> 1159	<hr/> 1346	<hr/> 1189	<hr/> 1065

B.C.G. VACCINATION.—Reference to the number of cases dealt with is to be found in the section relating to tuberculosis.

POLIOMYELITIS VACCINATION.—Circular 2/56 was issued on the 19th January, 1956. There had been an earlier announcement through the Broadcasting and Television services that Poliomyelitis vaccination was to be made available. The Health Committee considered this Circular and decided to adopt the recommendations on the principle that parents who so desired should have the opportunity of this vaccination for their children. In April, 1956, 2,179 registrations had been received in respect of children born in the years 1947-1954 inclusive, 1,154 boys and 1,025 girls. The Medical Research Council having selected certain age groups and certain months of birth, 226 children were subsequently vaccinated before the close season began. At the end of the year 1,946 children who were registered remained un-vaccinated, 8 children had received one injection only.

At the onset the registration cards with an explanatory letter to parents were made available, mainly at clinics and through the schools. The response was reasonably satisfactory. Injections were carried out in the clinics at Boston, Spalding and Holbeach. No untoward results were brought to my notice.

Circular 22/56 was issued on the 12th December, 1956, and arrangements under this Circular are still being put into effect.

General medical practitioners are now taking part in the vaccination scheme. It was necessary to seek the wishes of parents and therefore it was necessary to write individual letters to parents of children registered and for whom vaccine had not been available during 1956. Parents were asked to state if they wished the vaccination to be given by arrangements made with the County Council or at the Surgery. Lists of children were subsequently prepared, each list being made available to the individual general practitioner.

Supplies of vaccine have remained limited. Refrigeration facilities are essential, the main centre being established at Allan House, Boston. Vacuum flasks in containers have been made available for distribution purposes. The life of the vaccine is limited at ordinary temperatures.

As part of the present picture Circular 6/57 was issued on the 14th May, 1957. The age of registration has been extended to include children born in 1955 and 1956, for whom some measure of priority will be given.

In the age groups covering 10 years, in round figures we can expect some 15,000 children, 2,000 of whom approximately have either been dealt with or who are being vaccinated at the present time.

A circular letter has been forwarded to the Head Teachers of all infant and junior schools in the County, including independent schools, asking if they would be good enough to help with the distribution of individual letters to parents, in order that facilities may be as widely known as is possible. The letter to parents is self-explanatory and does offer the opportunity for registration to the pre-school child. The response from the Head Teachers has indeed been most gratifying.

The volume of clerical work which has fallen on the Health Department has been very considerable.

The health visitors in the course of their normal duties are speaking to mothers about vaccination and it is through the health visitors at the clinics that parents of the younger infants have been approached. The medium of the local press will also be used.

Supplies of vaccine are being received about every third week, at 48 hours' notice. The second injection may not be given at the third week but this is not a matter for any anxiety.

In February, 1956, the World Health Organisation published a report entitled "A Preliminary Review," prepared by an International group convened in Stockholm in November, 1955. The report contains the collective views of this group on the subject of Poliomyelitis vaccination.

The participants were drawn from many parts of the world, the interest in the study of Poliomyelitis and in endeavours to prevent this disease being of world-wide interest.

As the subject of Polio vaccination is uppermost in the minds of parents at the present time, parents asking themselves "shall I have my child registered?", it will be useful to bring modern trends to their notice. The following information is taken from the report:— A large-scale field trial of the Salk vaccine was carried out in the U.S.A. in 1954, under carefully controlled conditions. A report emanating from the Vaccine Evaluation Centre, University of Michigan, stated that the vaccine was safe and effective. Probably never in the history of medicine has a new public health measure been applied so rapidly on a mass scale after the painstaking laboratory research which led to its development. It was almost inevitable, therefore, that this transition should be attended by serious difficulties. During the late Spring, Summer and Autumn of 1955, the vaccine was used on a large scale in the U.S.A., Canada and Denmark, and on a smaller scale in Germany and the Union of South Africa.

The group therefore summarized the experience of the use of Poliomyelitis vaccination in their respective countries. Much of the information was preliminary in nature and necessarily incomplete, and in no way reputed to be the full report of national experience.

In U.S.A. in 1955, certain lots of vaccine distributed by one laboratory contained poliomyelitis virus in infective amounts. A total of 204 vaccine associated cases occurred. Of these 79 were among vaccinated children, 105 among family contacts of vaccinated children and 20 among community contacts. There were 11 deaths, some three-quarters of the cases were paralytic. New safety standards were promulgated and up to November 15th about 21 million additional doses had been released for general use.

Preliminary reports up to November 1st received from eleven States and one City, revealed attack rates for paralytic cases from two to more than five times greater among unvaccinated children than among vaccinated children in the same age groups.

The Canadian representative reported that production of the vaccine was undertaken by the Connaught Laboratories, Toronto, in a fashion similar to that recorded in the Minimum Requirements

of the National Institutes of Health, U.S.A. Approximately 860,000 children between the ages of six years and nine years were injected during the months April to June, 1955. Preliminary and incomplete results showed a significant reduction in the incidence of paralysis in the vaccinated children compared with unvaccinated children of similar age groups.

In Denmark the epidemic of 1952 was the most severe in the history of the country. A vaccine prepared at the Statens Serum Institute, was made available for children 7—12 years of age, 425,000 approximately, being vaccinated during April to June, representing 98% of children in these age groups. No cases of paralysis occurred in any of the vaccinated children in association with the vaccination, the incidence of Poliomyelitis in 1955 being, however, extremely low.

In France since 1951 the Virus Division of the Institut Pasteur, Paris, has been studying the vaccination problems, much thought being given to the use of a live attenuated vaccine in the future.

The production of vaccine in Germany on a large scale has been in progress in the Behringwerke since 1954.

From November, 1954, until May, 1955, 100,000 vaccinations were performed, no adverse effects being reported.

In the summary of the report it is stated that it is evident that Poliomyelitis vaccine has been successfully used on a relatively large scale in a number of countries.

The Medical Research Council has issued a report, "The assessment of the British Vaccine against Poliomyelitis" and because of the undoubted interest in the role of this vaccine, the following summary will be of interest.

In the early part of the year 1956, 1,910,093 children were registered in England, Wales and Scotland for vaccination, representing 30% of the estimated total of children born in the years 1947 to 1954. Certain months of birth were selected, vaccination being offered when supplies of vaccine so permitted, to 95,723 children born in November in the years 1947-1950 and to 95,723 born in March and November in the years 1951-1954.

The vaccination programme was begun and returns submitted to the Statistical Research Unit showed that 178,161 children received two injections and 32,379 received only one injection, before the close season began. In the final analysis 148,684 vaccinated children are reviewed, certain children being excluded.

In four areas, 2,291 children were visited the day after the injection had been given to determine the degree of any immediate reaction to vaccination ; local reactions recorded appear to have been mild.

First injections were accompanied in 2-3% of children with minor malaise, after the second injection less than 2% of children had a similar malaise.

Medical Officers of Health and clinicians reported six children who developed illnesses shortly after vaccination. In none of the six children could the illness be related definitely to the preceding injections.

Local Health Authorities submitted case reports for all children under 10 years suspected to be suffering from Poliomyelitis, each report stated whether the child had been vaccinated, registered for vaccination or not so registered.

Nearly 2,000 reports were received by the Statistical Research Unit up to the end of January, 1957, subsequent follow-up being undertaken to ascertain the final diagnosis.

Case reports in respect of 512 children who had been vaccinated or registered for vaccination were received.

Cases occurred within 30 days of vaccination.

The reports on Paralytic Poliomyelitis provoked by injection suggest that the risk is limited to the period of 30 days following inoculation, and that in such provoked cases there is an association between the site of inoculation and sites of paralysis. Experience in the United States showed that the site of first paralysis in the cases, associated with a certain type of vaccine was commonly the inoculated limb. Six children did develop Poliomyelitis within 30 days of vaccination, and on investigation gave no evidence of being associated with vaccination, three of the cases being paralytic.

In the 74,660 vaccinated children born in 1947-1950 who received two injections, one case of Paralytic Poliomyelitis occurred, giving an attack rate of 1.3 per 100,000. The attack rate in the corresponding unvaccinated children was 8.2 per 100,000, 91 cases in 1,116,359 control children.

In the 74,024 children born in 1951-1954, three cases of Paralytic Poliomyelitis occurred, giving an attack rate of 4.1 per 100,000. The attack rate in the corresponding unvaccinated children was 20.1 per 100,000, 90 cases in 446,857 controls.

In both age groups, therefore, the observed incidence of paralytic disease in the vaccinated children was only about one-fifth of the incidence in the unvaccinated.

The vaccinations were carried out during a limited period of six weeks. Time was limited and the amount of vaccine was in short supply, the number of children receiving two injections being less than anticipated. As a result it is not possible to assess with any real precision the degree of protection which was conferred by the vaccine, it did confer some protection, which was probably quite substantial.

TETANUS IMMUNISATION.—Tetanus is an infectious disease due to the contamination of wounds by spores of the tetanus bacillus. The spores manufacture a most powerful toxin at the site of the wound. The bacilli and their spores are found in soil and less often in the intestinal canal of animals. Man has no natural circulating antitoxin in the bloodstream.

Tetanus is a preventable disease, use being made of antitoxin given at the earliest opportunity after the injury. There are drawbacks to this method, the wound may have been so trivial that the use of antitoxin was ignored ; the patient may not have sought medical advice, and experience shows that this type of immunisation, known as passive immunisation, when administered speedily and correctly, may not always be successful in preventing the disease. Active immunisation is available, comparable to diphtheria immunisation. Is there a case to foster this type of immunisation as part of a planned policy ?

Tetanus is not a notifiable disease, some two hundred cases are said to occur each year, the mortality estimated at 40% is high, experience varying with different series of cases.

There were thirty-five deaths in 1954, and twenty-eight in 1955, in England and Wales. From these sixty-three deaths we find twenty-six below the age of fifteen years. About these times a child died in the County from tetanus.

The incidence of fatal cases based on Standard Geographical Regions, is highest in the Eastern and South Western regions, and particularly high in rural areas. A suggestion has been made that a selective approach to the problem of immunisation might be by way of occupations. It is not an easy matter to stimulate enthusiasm in the adult population, and certainly not desirable to produce states of tetanus anxiety.

In November, 1956, an agricultural worker died in the County from tetanus ; infection had taken place a little way beyond the County border. Agricultural interests were represented at the

inquest and the Coroner asked if immunisation facilities were available under the National Health Service. In a subsequent interview I informed the Coroner that facilities by way of individual prescription were available. It has been possible to use a triple prophylactic, immunising against diphtheria, whooping cough and tetanus at the same time. The safest antigens may well be the uncombined, devoid of seasonal risk of provocation of poliomyelitis. Unfortunately it would follow that the number of injections would be increased for each child. Spacing of injections during the pre-school period may achieve a satisfactory response by parents, safety being assured by booster doses throughout the school life at intervals of five years, the first injection being given at the age of three. Such a facility would be helpful and would be available at clinics and surgeries and accordingly recommended.

Normally immunisation procedures are problems of Public Health, infection being widespread or liable to spread with consequent high sickness and mortality rates. This is not so with tetanus, although the deaths from tetanus now exceed the deaths from diphtheria.

An integral part of an immunisation scheme against tetanus would be an alertness on the part of the parent, passing information to a hospital Casualty Officer, in order that a booster injection of prophylactic would be given instead of a dose of tetanus antitoxin, following an injury. A tetanus immunisation card, available at home, and a duplicate filed with the medical records, may complete the scheme.

SECTION 27—AMBULANCE SERVICE

Under Section 27 of the National Health Service Act, 1956, the County Council has a duty to provide a comprehensive ambulance service free of charge to patients carried. The service also covers transport by car when the need for an ambulance does not arise but the patient is not fit to use public transport.

The service here is managed directly by the County Council and the following details have been supplied to me by the County Ambulance and Transport Officer, Mr. C. E. Smith, in respect of the year ended 31st March, 1957.

	Emergency	Others
Number of patients carried by ambulance	1,021	5,257
Number of patients carried by car ...	44	30,793
Supplementary Car Service ...	166	3,750
Patients carried by rail ...	—	562
	<hr/> 1,231	<hr/> 40,362

Number of journeys by vehicles :—

					Patients	Servicing
(a)	Ambulances	...	...	...	2,688	12
(b)	Council Cars	...	...	...	5,410	5
(c)	Supplementary Cars	...	...	...	1,200	—
					9,298	17

Mileages.

					9,315	
(a)	Ambulances	...	...	...	...	74,700
(b)	Council Cars	...	...	...	...	187,119
(c)	Supplementary Cars	...	...	...	...	46,521
						308,340

Abortive Journeys—173.

The above figures show the following variations as compared with the year ending 31st March, 1956 :—

Patients carried	...	...	...	an increase of 3.4%
Mileage	...	...	...	a decrease of 2.4%
No. of Journeys	...	...	...	a decrease of 5.4%
Abortive	...	...	...	an increase of 0.9%

The establishment at the end of the period was as follows :—

Whole-time Driver Attendants	...	...	...	...	19
Whole-time Mechanics	...	...	...	...	3
Number of Ambulances	...	...	...	...	10
Ambulance Stations	...	...	...	...	4

It will be noticed that, whilst the number of patients carried has increased by 1,356 (3.4%), the mileage has been reduced by 7,516 (2.4%), and the number of journeys by 529 (5.4%), which reflects the care taken to organise journeys to the best advantage.

A comparison of the costing return of this County with other groups of authorities in England and Wales reveals that this Authority conveys considerably more patients per 1,000 population than the average for the rest of the Country although the cost per 1,000 population (£243 11s. 4d.) is considerably less. Holland's cost per vehicle mile (1/8d.) is 17% less than that of similar Counties and 39% less than the National average.

No new ambulance was purchased during the year, but the need is very urgent and negotiations are proceeding for the acquisition of two ambulances as soon as possible.

Some new volunteers assisted during the year for the first time but the total number continues to decline.

The number of long distance cases conveyed by rail has more than doubled, namely, from 249 to 562, and the arrangements worked smoothly.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

CARE COMMITTEE.—The Holland Care Committee, which is a representative voluntary organisation, has now entered upon the twenty-third year of its work. The Committee's activities now cover not only tuberculosis but all illness and disease. During the year ended 31st March, 1957, the total expenditure was £1,785 7s. 8d. The County Council make substantial grants but, during the year, £871 was raised from other sources and the Committee were able to relinquish £500 of the Council's grant.

The Executive Committee has met monthly to consider new cases and to review existing allowances in the light of the reports and recommendations of the Visitors. There has been good liaison with the Red Cross Society, the Women's Voluntary Services and the Services' Associations, and all possible assistance has been given by the County Welfare Officer, the Children's Officer and the National Assistance Board Officers.

The following particulars are of interest in respect of tuberculosis after-care during the year :—

Milk allowances were made in 116 cases to the extent of an average of 400 gallons monthly.

Six families received grocery allowances.

Seven cases received money grants.

Boots, clothing, rail vouchers and other forms of help were provided in twelve other cases.

As regards general after-care, this branch of the work is developing as was expected, and there is now the advantage that one does not have to differentiate between cases of general illness and those coming within the province of the tuberculosis scheme. Eighty-four cases were assisted.

Milk allowances and for groceries to thirty three patients.

Convalescent treatment provided in fifteen cases.

Free mid-day meals provided for thirteen children.

Fares or allowances for car transport in eight cases.

Beds and bedding—three families were assisted.

Miscellaneous help was given in five cases.

The Care Committee is affiliated to the National Association for the Prevention of Tuberculosis and is thereby entitled to participate in the Christmas Seal Sale. In the 1956 sale, after paying the necessary expenses, £372 9s. od. was available for care work.

NURSING AND LYING-IN FUND.—The money in this account was derived from the assets of the former Lincolnshire County Nursing Association. It is administered by the Care Committee on behalf of the County Council and the fund will be dispersed within a reasonable period. The money is being used for the benefit of :—

(a) women before, during or after confinement, by the provision of special food, appliances, or other forms of help.

(b) children under the age of 16 years by help of various kinds for the purpose of promoting good health and preventing ill-health.

Twenty-two cases were assisted during the year by way of clothing, bedding, kitchen utensils, furnishings, etc. Expenditure during the year was £137.

B.C.G. VACCINATION is undertaken by the Chest Physician and is referred to in the Tuberculosis section of this report.

OPEN-AIR CHALETS.—These are available, if required. Owing to improved housing conditions there is little demand for them now.

MASS RADIOGRAPHY.—The mass radiography unit did not visit the County during 1956 but will make a return visit in 1957.

MENTAL HEALTH.—The Care Committee does assist under their general arrangements patients suffering from mental illness or defectiveness. This applies particularly to those being nursed at home.

MEDICAL LOAN DEPOTS.—The following depots function under the Council's approved scheme :—

BOSTON.—County Hall. This is an emergency depot when demands cannot be met from other sources.

BOSTON.—Open from 6.30 p.m. to 8 p.m. Administered by local branch of British Red Cross Society.

CROWLAND.—British Legion Depot. Administered by local branch. No charge is made for the loan of nursing equipment.

HOLBEACH.—Depot at Old Council Chamber. Administered by Holbeach Division of St. John Ambulance Brigade.

SPALDING.—Depot maintained by the St. John Ambulance Brigade at Uppingham House.

SUTTON BRIDGE.—144, Bridge Road. The depot is managed by the St. John Ambulance Brigade.

Articles loaned include bed-pans, air-rings, mackintosh sheets, back-rests, urinals, bed tables, crutches, hot-water bottles, bed cradles, invalid chairs, etc.

With the exception of Crowland, a small charge is made, but the officers-in-charge have the power to reduce or waive the charge in necessitous cases. The St. John Ambulance and British Red Cross Associations send in requisitions when necessary, to the County Council for additional stock or renewals.

Applications were received and dealt with as follows :—

Depot	Cases assisted	Articles loaned
Boston (Red Cross)	140	163
Boston (County Hall)	57	64
Crowland (British Legion)	37	37
Holbeach (St. John Ambulance) ...	39	48
Spalding (St. John Ambulance) ...	106	107
Sutton Bridge (St. John Ambulance) ...	40	50

VENEREAL DISEASES.—The provision of treatment for these diseases is the responsibility of the Regional Hospital Board. If requested, the service of the health visitors are available for follow-up purposes.

The following table shows the number of new cases for this area treated at special clinics during the year :—

New Cases	Boston Clinic	Grantham Clinic	Total
Syphilis	3	—	3 (8)
Gonorrhoea	5	2	7 (9)
Other Conditions	33	—	33 (36)
Total ...	41	2	43 (53)

Note : The figures in brackets relate to the year 1955.

SECTION 29—HOME HELPS

This section of the National Health Service Act has continued to develop and during the year has been fully catered for by the employment of a maximum of 70 Home Helps at any one time. It has so far been unnecessary to employ staff to the extent of the maximum establishment of 80. The distribution of Helps throughout the County at the end of the year was as follows :—

District	Full time.	Regular part- time.	Casual part- time.	TOTAL.
Boston, Wyberton and Fishtoft ...	2	18	2	22
Spalding and District	—	13	1	14
Kirton and Frampton	1	2	—	3
Kirton Holme and Hubbert's Bridge	—	1	1	2
Sutterton, Fosdyke and Wigtoft ...	—	1	—	1
Swineshead, Donington and Gosberton	1	1	1	3
Leverton, Old Leake and Wrangle ...	—	—	2	2
Crowland	1	—	1	2
Holbeach	—	4	1	5
Whaplode, Weston and Moulton ...	—	2	2	4
Fleet, Gedney, Long Sutton and Sutton Bridge	—	6	4	10
WHOLE COUNTY	5	48	15	68

The full-time helps form the nucleus of the service, dealing mainly with maternity cases and problem families. The regular part-time workers each average 30 to 40 hours per week, and deal mainly with the aged and infirm and chronic sick cases. Many of these part-time workers attend up to 8 cases each week and are of the greatest value in the maintenance and development of the service. The Casual Home Help—usually appointed on a temporary basis—mainly attends cases in the more remote of the rural areas and often dispenses with the necessity of transporting a regular help from the more urbanised areas—usually a costly and time wasting arrangement. During 1956 it was necessary only on 5 occasions to use County transport to take a Help to and from her case.

The service is essentially one of day to day administration, this work being carried out by a member of the County Health

Department, whilst supervision in patients' homes is carried out by the Assistant County Nursing Superintendents.

The co-ordination of these arrangements ensure that cases are re-assessed as necessary from the point of view of amount of help provided and contribution payable, and help to prevent any abuse of the service. In the Spalding Urban area the County Council employs a part-time organiser who carries out general administrative work in close co-operation with the County Health Department.

There is no training scheme in operation for Home Helps, but every care is taken to ensure the enrolment of suitable workers. Lectures have been given to groups from time to time and opportunity is given to Home Helps to air grievances and to have their problems discussed at the Annual Meeting, presided over by the County Medical Officer.

The wage rate of Home Helps at the present time (May, 1957) is increased to 2/11½d. per hour under a recent national award. When the wages award is announced, the Council's scale of assessment undergoes immediate review and charges to householders are increased as necessary in an effort to maintain a recovery rate of at least 20%. Home Helps who attend homes of patients suffering from tuberculosis or certain other infectious diseases receive an additional payment of 2d. per hour. Of the 268 new cases dealt with in 1956, 65 or 24% were assessed at the maximum charge. The majority of the remainder are infirm or chronic sick old age pensioners with an average contribution of less than 6d. per hour. This tends to keep the recovery rate at a lower level, but ensures that the service meets a most essential need.

During the past year the services of a Home Help were provided free of charge in five cases. These are enumerated below :—

1. Problem family—father in hospital—three children ill.
2. Elderly foster parent—three boarded out children—family on National Assistance.
3. Problem family—confinement—four children—father unemployed.
4. Problem family—wife's miscarriage—eight young children.
5. Problem family—mother feeble-minded—care of aged grandmother and four children.

With the exception of No. 2 the above cases received help for a limited period to assist over the emergency. This type of case occurs from time to time and the Home Help is provided

for the welfare of children often with indifference on the part of the parents.

The estimated total expenditure of the service for year ending 31st March, 1957	... ..	£11,140
Income from householders' contributions	... ..	£2,792
Recovery rate 25%		

The difference between total expenditure and income ranks for 50% Ministerial grant—thus the total cost falling on the County Council is £4174.

ASSESSMENT SCALE (including amendments to 14th June, 1957)—The maximum charge is 3/- per hour. Where applicants cannot afford this rate, a statement of income is obtained and the hourly contribution assessed in accordance with a scale of charges approved by the Council. The resulting assessment is increased by (a) 10% in each case, and (b) 1d. per hour on assessments below 1/6d. and 1½d. per hour on assessments of 1/6d. or more.

When the applicant's household includes other earning members, such earnings are included in the gross income and the resulting assessment reduced by one third. Occasional applications involving extenuating circumstances make the normal scale of charges impracticable. In these cases the contribution payable is settled at the discretion of the County Medical Officer.

CASES DEALT WITH.—449 cases received help during the year, 268 being new applications. Total number of hours worked by Home Helps was 80,070. The following table shows the expansion of the service since 1948 :—

Number of Helps at 31st Dec.								Cases provided with help.
1948.	14	...	...	...	...	...	...	80
1949.	22	...	...	...	...	...	...	101
1950.	51	...	...	...	...	...	...	212
1951.	61	...	...	...	...	...	...	330
1952.	60	...	...	...	...	...	...	407
1953.	63	...	...	...	...	...	...	361
1954.	63	...	...	...	...	...	...	407
1955.	64	...	...	...	...	...	...	433
1956.	68	...	...	...	...	...	...	449

During the year under review 15 new Home Helps were appointed and 11 left the service.

The 449 cases provided with help during the year fall into the following categories :—

Maternity	...	...	...	...	...	...	...	114
Aged and infirm	...	...	...	...	...	...	...	127
Chronic sick	...	...	...	...	...	...	...	119
Post-operative convalescence	...	...	...	...	...	...	...	39
Tuberculosis	...	...	...	...	...	...	...	4
Blind	...	...	...	...	...	...	...	19
Mentally Defective	...	...	...	...	...	...	...	1
Accident	...	...	...	...	...	...	...	13
Care of Children	...	...	...	...	...	...	...	13

From the above it will be noted that the care of the aged, the chronic sick, and maternity cases, form the bulk of the families assisted. Under the heading “care of children” the underlying cause for help is desertion or death of the mother or more often lack of management in problem families. Day to day commitments are heavy, and unexpected emergency cases often strain our resources to the limit, but additional staff is only enrolled when it is impossible for the existing staff to absorb any additional work.

When an application is received from a case of tuberculosis, only a suitable volunteer Home Help is allocated and is instructed in precautionary measures of hygiene. The Chest Physician is informed of the arrangements, and clinical details in respect of the patient obtained. At the commencement of the case, the Home Help receives an X-ray examination of the chest and subsequent examinations carried out at intervals.

The Home Help service is now an integral part of the National Health service and provides relief from anxiety for many people unable to care for themselves. On the more practical side there is a not inconsiderable saving of beds in hospitals and old people's homes. The provision of Home Helps is closely tied with requests from midwives and district nurses, whilst many other new cases are brought to the Department's notice by medical practitioners, hospital almoners, the National Assistance Board and other social and voluntary organisations.

NIGHT ATTENDANTS.—This scheme provided in conjunction with the Home Help service has not been called upon since early in the year. The scheme was intended to provide relief for relatives on one or two nights per week in the shape of “night sitter” for the care of chronic and dying persons who could not be left alone and who were unsuitable for hospital. Relatives and neighbours are normally available and consequently the expected demand for night attendants has not materialised.

SECTION 51—MENTAL HEALTH SERVICE

ADMINISTRATION.—There has been no change in the administrative arrangements, the Mental Welfare Sub-Committee dealing with all matters relating to mental health.

The County Medical Officer acts as Adviser to the Committee. There is a woman mental health worker and the health visitors assist in supervision work.

The County Welfare Department and four duly authorised officers perform the duties necessary under the Lunacy and Mental Treatment Acts.

The consultant services of the Medical Superintendent of Harmston Hall Hospital are utilised in respect of mental deficiency and of the Medical Superintendent and Psychiatrist at Rauceby Hospital for other forms of mental illness and for child guidance.

Reports are made by officers of this Authority as required in respect of patients on licence from hospitals for mental defectives.

Reports are also received from the Medical Superintendents of Mental Hospitals in respect of patients released on trial or finally discharged.

The County Medical Officer is a member of Lincoln No. 3 Hospital Management Committee and thereby keeps in close touch with the institutional side of this work.

VOLUNTARY ASSOCIATIONS.—The Authority makes full use of any service which can be rendered by voluntary bodies.

The Holland Care Committee continues to help in suitable cases when social conditions were involved.

The Boston and District Association for the Mentally Handicapped is actively engaged in furthering any work for the benefit of mental defectives, particularly children.

The Council also take advantage of the facilities available through the National Association for Mental Health.

LUNACY AND MENTAL TREATMENT ACTS.—The following is a table of cases dealt with by Duly Authorised Officers, and who received treatment during the year 1956.

	Certi- fied Patients	Volun- tary Patients	Section 20 Patients	Section 21 Patients
Admitted	20	166	36	1
Released on trial	14	—	—	—
Transferred to Voluntary Section	10	—	33	1
Transferred to Certified Section ...	—	—	1	—
Discharged	19	150	2	—
Deaths	9	2	2	—
Remained in hospital	183	81	1	—

MENTAL DEFICIENCY ACTS.

(1) ASCERTAINMENT.—Cases are generally brought to the notice of the authority through the Education Committee, the Welfare and Children's departments, Probation Officers, General Practitioners or Health Visitors. Twenty-seven new cases were ascertained during 1956.

	Males.	Females.	Total.
Reported under Section 57(3) of Education Act, 1944 ...	6	7	13
Reported under Section 57(5) of Education Act, 1944 ...	2	1	3
Otherwise ascertained	8	3	11
	—	—	—
	16	11	27
	—	—	—

The disposal of these cases was as follows :—

	Males.	Females.	Total.
Admitted to hospital	1	—	1
Placed under statutory super- vision	11	9	20
Placed under voluntary super- vision	1	—	1
No action necessary	2	1	3
Under consideration	1	1	2
	—	—	—
	16	11	27
	—	—	—

The number of ascertained cases on the register on 31st December, 1956, was 415, an ascertainment rate of 4.4 per 1,000 of the population.

The allocation of cases was as follows :—

	Males.	Females.	Total.
In Hospitals for mental defectives (including cases on licence)	99	79	178
Under statutory supervision ...	116	96	212
Under voluntary supervision ...	11	14	25
	<hr/> 226	<hr/> 189	<hr/> 415

Six patients were admitted to hospitals, namely, four under "Order" on petition, and two under Section 3 of the Mental Deficiency Act, 1913.

In addition, three short term cases were admitted to enable the parents to have a holiday.

At the close of the year, thirty-two patients were on the waiting list for institutional care and, of these, nine were classified as urgent.

SUPERVISION.—The supervision of mental defectives under statutory and voluntary supervision and on licence is carried out by the health visitors and the mental health worker. The number of visits so paid was 1,570.

At the end of the year 237 cases were on the supervision list.

GUARDIANSHIP.—No action was taken during the year and no guardianship orders are now operative here.

OCCUPATION CENTRES.—Boston: The Occupation Centre in Boston known as Allan House functioned very satisfactorily throughout the year. Considerable sums were spent on adaptations, decoration and equipment and the house and its surroundings is ideally suited for its present purpose.

The Centre is open on five days a week—Mondays to Fridays inclusive—from 9.30 a.m. to 3.30 p.m. The staff consists of a Supervisor, Assistant Supervisor and two part-time assistants. There is also a helper who is engaged for two hours daily to supervise the mid-day meal and to undertake the routine duties during the interval between the morning and afternoon sessions.

The mid-day meal is provided through the school meals service. The charge is now 1/- per meal unless there are special circumstances which call for a reduction.

Each case is provided with $\frac{1}{3}$ pint milk daily. The Ministry of Agriculture, Fisheries and Food ceased to accept responsibility for providing milk after 31st August, 1956. No alteration has however been made except that for children under sixteen years of age the provision is made under Section 28 of the National Health Service Act, 1946. The cost for other cases is being borne by the voluntary Association.

Car transport is provided by the County Transport Department for most cases. This is a safety precaution. In addition, a woman is now engaged to act as escort for the main car journeys to and from the Centre.

An Inspector from the Board of Control visited the Centre on June 27th and a very good report was received.

The Voluntary Association have been most helpful in providing a piano, percussion band instruments, gramophone records and radio loud speaker. There was an open day for parents on December 11th.

The National Association for Mental Health arranged a refresher course in London for teachers of the mentally handicapped. The Supervisor and Assistant Supervisor attended this course which proved to be of great value in their work.

A system of yearly medical inspection has been instituted. A school nurse can also be called upon if required.

At the close of the year there were twenty-three cases on the register and the average daily attendance was nineteen.

Spalding : The arrangement to hold one session weekly (Monday morning) at the Spalding Clinic was continued throughout the year. It is hoped that central heating will have been installed in the Clinic Annexe to enable a full-time centre to be opened in September. The full-time Centre will be run on the same lines as at Boston and it is anticipated that a daily attendance of about twenty will be reached.

For the Monday morning session there were eight cases on the register at the end of the year with an average daily attendance of five.

With the opening of a Centre at Spalding, regular instruction and training will be available for the majority of suitable cases in this County area.

HOME TEACHING.—The Mental Health worker gives regular instruction at home in suitable cases. At the close of the year, home teaching was being provided for eleven patients.

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1938.—Mr. R. Fidling, the County Sanitary Officer, is also Food Inspector and Sampling Officer. The number of samples taken was 365. The following statement shows the various samples taken during 1956 :—

Nature of Sample	Formal	Informal	Total
Food :			
Apricots in Syrup	—	I	I
Beef and Gravy, canned ...	—	I	I
Beer, mild	I	—	I
Beer, bitter	I	—	I
Brislings, canned	—	I	I
Butter	3	I	4
Carrots	—	I	I
Crab, dressed	—	I	I
Crab, canned	—	I	I
Cream, double	—	2	2
Cream, sterilised	—	I	I
Cheese	—	I	I
Cheese spread, processed ...	—	2	2
Cheese, processed	—	I	I
Cream	I	—	I
Cream, tinned	—	I	I
Cream cheese	I	—	I
Coffee	—	I	I
Curry powder	—	2	2
Dripping	—	2	2
Flour, plain	—	I	I
Flour, self-raising	—	I	I
Fruit sauce	—	I	I
Grape fruit	—	I	I
Ice Cream	4	3	7
Jam	—	I	I
Jelly	—	I	I
Lard	—	3	3
Meat pudding, canned... ..	—	I	I
Margarine	—	I	I
Milk	142	154	296
Milk, condensed	—	I	I
Orange drink	3	—	3
Orange juice	5	—	5
Pepper, ground	—	I	I
Rum	I	—	I
Sausages	—	2	2
Sunny Spread	—	I	I

Nature of Sample	Formal	Informal	Total
Tea	—	3	3
Tomato ketchup	—	2	2
Yoghourt	1	—	1
Drugs :			
Ascorbic Acid Tablets	—	1	1
Cherry Bark Cough Linctus	—	1	1
Compound Codeine Tablets	—	1	1
Quinine Bisulphate Tablets	—	1	1
Total (all samples)	163	202	365

Of this number, twenty-two samples, equivalent to 6.03%, were reported as adulterated or below standard. The percentage in 1955 was 5.1.

MILK.—Of the 142 formal samples six (4.23%) were unsatisfactory. Of the 154 samples (informal) sixteen (10.39%) were unsatisfactory. Details of unsatisfactory milks were as follows :—

Extraneous water	5 cases
Deficient in fat	16 cases
Extraneous water and deficient in fat	1 case

Some milk samples showing extraneous water or with fat deficiencies were in fact genuine milks which had been produced by cows giving low quality milk. In such cases, the owners were advised to contact the Milk Advisory Officer with a view to obtaining advice on feeding matters.

All samples showing deficiencies were kept under review and re-sampled .

The average composition of the samples of milk reported as genuine was :—

	Average 1956	Minimum Standard
Non-fatty solids	8.90%	8.50%
Milk fats	3.72%	3.00%
Total solids	12.62%	11.50%

OTHER ARTICLES.—A sample of tinned grape juice was examined on a complaint that it contained small gritty yellow crystals. This proved to consist of Naringen, a normal constituent of grapefruit juice which normally remains in solution.

An investigation was made of a consignment of carrots reported to taste and smell of paraffin. No evidence of such contamination was found on the premises, nor did the Analyst find any trace.

COURT PROCEEDINGS.—No Court proceedings were taken during the year but warnings were given where it was felt that such action would meet the case.

GENERAL.—In order to obtain a quick indication of sub-standard supplies, the County Sanitary Officer has milk-testing apparatus. In this way a more rapid follow-up of doubtful cases is made possible. Eighty-six samples of milk were examined in this way.

MILK (SPECIAL DESIGNATIONS—PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.—Two pasteurising establishments were in operation throughout the year. These premises were visited weekly by the County Sanitary Officer to check the equipment and methods in use and to obtain samples of milk for routine examination. The results of sampling were as follows :—

Samples	Methylene Blue Test.		Phosphatase Test.	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
197	197	Nil	192	5

When samples failed the required tests, every effort was made to discover the causes of failure and to rectify them. Generally it was traced to the processing plant and the faults were corrected.

MILK IN SCHOOLS AND INFORMAL MILK SAMPLING.

The milk supplied to schools is all pasteurised and has been satisfactory. Two hundred and three informal samples of milk from schools and other sources were submitted for biological test. One sample was found to be positive for tubercle bacilli. Two infected cows were traced and slaughtered.

SCHOOL CANTEENS.—School canteens and school premises were visited regularly by the County Sanitary Officer. Water samples were taken and the sanitary conditions inspected. Appropriate action was taken, where necessary, to deal with rodent infestation.

MILK PRODUCTION.—Milk production comes within the province of the Ministry of Agriculture and Fisheries. The follow-

ing information has been kindly supplied by the County Agricultural Officer and shows the position on December 31st, 1956.

Total number of registered producers 137

Licensed Tuberculin tested milk producers 33

During the year seven new producers were registered, and fourteen producers ceased milk production.

SPECIFIED AREAS.—The Milk (Special Designations) (Specified Areas) (No. 2) Order came into operation on October 1st, 1956, in respect of the following districts within the County of Holland; namely, the Spalding Urban, Spalding and East Elloe Rural Districts. The authority for the enforcement of this Order is the Holland County Council Food and Drugs Authority. The object of the Order is to provide a safe supply of milk for the public of these areas, and the effect of the Order is that, with one exception, only milk of the specially designated type can be sold by retail for human consumption. Such designated milks comprise the following types :—

Heat tested: Pasteurised, T.T. Pasteurised and Sterilised Milk.

Raw Milk : Tuberculin Tested.

The one exception to this Order is that a producer of non-designated milk may still sell such milk to his own employees who are employed by him in milk production or agriculture so long as the producer does not engage in any other sale of milk by retail to people not employed by him.

When the Order came into force there was already an adequate amount of approved designated types of milk available in the area with the result that retailers, whose supplies had previously consisted in whole or in part of non-designated milk, had little difficulty in obtaining supplies of designated milk.

The County Sanitary Officer came across occasional infringements of the Order immediately following the date on which it became effective. The infringements were connected with farms which had been accustomed for many years to sell non-designated milk to people in neighbouring houses who were in the habit of calling at the farm to collect their milk. The contraventions of the law appeared to be due to the sellers failing to understand the requirements of the Order. When the position was fully explained to them, they agreed immediately to cease the retailing of non-designated milk.

Although at the present time this Order only affects the South part of the County, it is expected that the Order will be extended to the remainder of the County before long.

SANITARY CIRCUMSTANCES OF THE AREA

The general sanitary administration of the County was carried out by five District Councils :—

District.	Name of M.O.H.		Address.
Urban Districts.			
Boston Borough and Port	W. G. Smeaton, M.B., Ch.B., D.P.H.
			8, Bridge Street, Boston.
Spalding	*R. Miller, M.B., Ch.B., D.P.H.
			Short Street, Spalding.
Rural Districts.			
Boston	W. G. Smeaton, M.B., Ch.B., D.P.H.
			8, Bridge Street, Boston.
East Elloe	*R. Miller, M.B., Ch.B., D.P.H.
			Mattimore House, Holbeach.
Spalding	*R. Miller, M.B., Ch.B., D.P.H.
			Priory Road, Spalding.

* NOTE.—Dr. R. Miller left on 31/1/1957 and his place has now been taken by Dr. H. P. Burrowes.

CO-OPERATION.—The County Sanitary Officer co-operates with the Public Health Inspectors of district authorities on sanitary matters and, during outbreaks of infectious disease, assists in obtaining samples for bacteriological examination.

SWIMMING BATHS.—Swimming baths were visited regularly by the County Sanitary Officer for estimations of free chlorine, and samples of the water were submitted for bacteriological tests.

COUNTY COUNCIL PROPERTY.—Sanitary complaints were investigated and infestations were dealt with.

HOUSING

The following information has been supplied by the officials of the District Councils :

District	By Local Authority.		By private enterprise.	
	Completed during 1956	In progress 31/12/56	Completed during 1956	In progress 31/12/56
Boston Borough.				
Houses	76	72	33	8
Bungalows	24	12	14	23
Flats	—	—	—	—
Spalding Urban.				
Houses	28	30	11	3
Bungalows	10	12	5	2
Flats	20	—	3	—
Boston Rural.				
Houses	115	2	22	51
Bungalows	40	22	20	34
Flats	—	—	—	—
East Elloe Rural.				
Houses	34	46	7	9
Bungalows	—	—	12	11
Flats	—	—	—	—
Spalding Rural.				
Houses	34	20	19	9
Bungalows	16	39	22	29
Flats	—	—	—	—
Totals	397	255	168	179

WATER SUPPLY

The following particulars have been kindly furnished by the Water Engineers of the respective Councils :—

BOROUGH OF BOSTON.—Although the Autumn was dry and rainfall for the year up to average, supplies for all purposes were maintained.

The sources of supply are (a) Revesby (surface), (b) Fordington (underground) and (c) bulk supply ex Boston Rural District Council.

The trend in water consumption continues upwards and the volume of water supplied reached a record for the undertaking.

The Boston Rural District Council served the Corporation very well during the year, the average daily quantity being 437,000 gallons as against 340,000 in 1955.

Raw and treated samples for chemical and bacteriological analysis have been taken each month at Revesby and Fordington, and on no occasion has the water passing to supply been of unsatisfactory bacteriological quality. Water taken from the town mains has given no cause for alarm throughout the year.

The town water is classed as hard in character ; the Fordington source contains an excess of iron ; the Revesby source is treated surface water ; the Bourne water is hard and contains iron. All these points should be borne in mind.

The new 15" main from Revesby to Frithville was brought into service in July and pressures have materially improved with a corresponding saving in pumping costs.

New mains were laid in Broadfield Lane, on the Corporation's Woad Farm housing site, a private building estate off Wyberton Low Road (Elmwood Avenue), at Fishtoft Road, Kingsway, and Meridian Road, Fishtoft. (Boston R.D.C. housing site).

In addition to the 15" trunk main, renewal of old mains (4" instead of 2") were undertaken in Sleaford Road, Kingsway (Fishtoft Road to Kingsway Avenue) and Paddock Grove.

BOSTON RURAL.—The source of supply is Bourne. 474 yards of extension of water mains were completed during the year.

Twenty-three samples were sent for bacteriological examination and one for chemical analysis. In every case the result showed that no exception could be taken to the use of the water as a public supply.

EAST ELLOE RURAL.—In July, 1956, the Council commenced to take a bulk supply from the Spalding Rural District Council in addition to the supply received from the Spalding Urban District Council to assist in maintaining an adequate supply at peak periods.

The total amount of water received was 228,378,000 gallons, namely 203,762,000 from Spalding Urban District Council and 24,616,000 gallons from the Spalding Rural District Council. This shows a decrease of 13,363,000 gallons (or 5.53%) as compared with the year 1955.

Bulk supplies to the Wisbech and District Water Board accounted for 15,217,000 gallons. The actual amount therefore distributed within the Council's area was 213,167,000 gallons, which is equivalent to a daily average of 582,407 gallons. The decrease in demand was due to the wet season experienced.

The 4" diameter main at Broadgate, Gedney, was completed during the year. This main laid with the object of improving supplies to low pressure areas at Sutton St. James and Tydd St. Mary was not able to reveal its true value owing to the reduced demand.

The total length of mains, including approximately 5 miles in the Spalding Rural District area from Weston pumping station to the Moulton/Whaplode boundary, is 273 miles.

A further Distribution Scheme re-submitted to the Ministry was approved in principle in February, 1956, but authority to proceed was not given. The decision of the Minister as regards another scheme involving the duplication of trunk mains and an additional storage tank at Weston had not been received by the end of the year. It was subsequently notified that no grant would be available but the Council are pursuing their object with the Ministry.

On account of the restrictions on capital expenditure, the year 1956 was a very quiet one for minor extensions of distribution mains.

Definite figures have not yet been produced as to properties not connected to the water supply. It can be stated however that, where mains water is available, those properties not already connected are being connected at a steady rate each year.

Water analysis was satisfactory.

SPALDING RURAL.—The quantities of water received from various sources were as follows :—

Source	1955	1956
Pinchbeck West	108,000,000	188,000,000
Donington	8,000,000	closed down
Deeping St. James	17,000,000	27,000,000
Deeping St. Nicholas	20,000,000	33,000,000
Total gallons	<u>153,000,000</u>	<u>248,000,000</u>

The average quantity of water distributed daily was 679,000 gallons compared with 419,000 gallons in the previous year.

During the year, 144 services were laid and connected to the mains, and 4,571 yards of new mains (exclusive of renewals, private mains etc.) were laid.

Seventy meters were fitted making a total now of 1,494 in the area.

151 samples were submitted for bacteriological examination; in 147 of these the reports were highly satisfactory.

Chemical examinations were carried out at quarterly intervals. The results showed that the quality of the water had continued to improve at the furthestmost points of supply and is now considered to be satisfactory in respect of iron content.

The new water towers at Pinchbeck (capacity 300,000 gallons) and Quadring (capacity 150,000 gallons) have been commissioned along with the new pumping station, reservoir and cascade, Jockey Drove, Pinchbeck West.

SPALDING URBAN.—An uninterrupted supply of water was maintained throughout the year from the source at Bourne not only to the Spalding Urban area but also to the rural districts of Boston and East Elloe which are supplied in bulk.

The actual quantities supplied were as follows :—

Authority.	Average daily Consumption in Gallons.		Average daily Consumption per head. all purposes in Gallons.	
Spalding Urban	...	858,000	...	59.18
*East Elloe Rural	...	498,000	...	21.60
†Boston Rural	...	882,000	...	41.20

*Partial supply only. East Elloe Rural District Council also receives bulk supply from Spalding Rural District Council.

†The Boston Rural District consumption includes an average daily quantity of 380,000 gallons supplied in bulk to Boston Borough. The net average daily consumption in the Boston Rural area was 478,000 gallons. (22.2 gallons per head per day).

Record quantities of water have been pumped from Bourne during the year principally to meet the appreciable increase in the Boston R.D.C.'s demand, but adequate reserves of water are available underground at Bourne to meet all estimated future requirements.

Chemical and bacteriological examinations were carried out at regular intervals both at the source and as delivered into supply. The results show that at all times the water was of the very highest standard. The water is not plumbo-solvent, nor has there been any form of contamination.

During the year 95 new services were laid and connected and 1,170 yards of new distribution main were laid. At the end of the year, over 99% of the total population had a piped water supply.

SEWERAGE

BOSTON BOROUGH.—Sewerage extensions carried out comprised phase II of the Woad Farm Housing Estate.

SPALDING URBAN.—There was continued maintenance work but no new sewers were laid during 1956.

BOSTON RURAL.—Main sewers have been laid in advance of proposed development at Meridian Road, Fishtoft. Main sewers have been completed and sewage pumping stations at Horncastle Road and Church Green Road, Fishtoft, have been put into operation. Extensions have been carried out to sewage disposal works at Benington and are now in operation.

EAST ELLOE RURAL.—Sewage disposal plant provided for the new housing site at Allenby's Chase, Sutton Bridge.

SPALDING RURAL.—Sewerage for new housing estate, Chapel Road, Deeping St. Nicholas. New 3" concrete sewer, Thorney Road, Crowland.

TUBERCULOSIS

Notification.—In 1956, twenty-five cases of pulmonary tuberculosis and six of non-pulmonary tuberculosis were notified. In addition three cases of pulmonary tuberculosis came to the notice of the Medical Officer of Health otherwise than by formal notification.

Death-rate.—The number of deaths from pulmonary tuberculosis was six compared with seven in 1955, and there were no deaths from non-pulmonary tuberculosis. The death-rate for all forms of tuberculosis was 0.06 per thousand of the population. The average for England and Wales was 0.12.

REPORT OF CHEST PHYSICIAN

Dr. A. M. Forrest has kindly furnished the following information.

“ The death figures from tuberculosis during 1956 have again shown an appreciable decline. Although the notification figures are also falling, their depreciation is still not comparable with the fall in the death figures. However, the position with regard to improvement is satisfactory although there is still no room for complacency. For the first time, the year 1956 has shown the disappearance of a permanent waiting list and all new patients requiring hospital treatment have been admitted within a few days of the confirmation of

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Part I.—Summary of Notifications during the period 1st Jan., 1956, to the 31st Dec., 1956, in the area of the County of Lincolnshire (Holland).

AGE PERIODS	Formal Notifications												
	Number of Primary Notifications of new cases of tuberculosis												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Over 65	Total	
Pulmonary— Males ..	—	2	—	1	3	1	3	5	2	1	—	18	
Females ..	—	—	—	—	1	2	3	—	1	—	—	7	
Non-Pulmonary— Males ..	—	—	—	1	—	—	—	1	1	1	—	4	
Females ..	—	—	—	—	—	—	—	—	2	—	—	2	

Part II.—Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

Pulmonary— Males ..	—	—	—	—	—	—	—	—	2	1	—	3
Females ..	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary— Males ..	—	—	—	—	—	—	—	—	—	—	—	—
Females ..	—	—	—	—	—	—	—	—	—	—	—	—

The following table shows since 1947 the new cases of tuberculosis notified each year in the administrative County together with the case-rate per 1,000 of the population.

Year.	Notifications.			Case-rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1947	48	16	64	0.49	0.16	0.65
1948	74	13	87	0.74	0.13	0.87
1949	55	14	69	0.55	0.14	0.69
1950	50	9	59	0.49	0.09	0.58
1951	61	24	85	0.61	0.24	0.85
1952	58	14	72	0.57	0.14	0.71
1953	43	11	54	0.42	0.11	0.53
1954	39	14	53	0.38	0.14	0.52
1955	36	14	50	0.35	0.14	0.49
1956	25	6	31	0.24	0.06	0.30

The table which follows shows the number of deaths registered and the death rates recorded during the years 1946 to 1956 in the administrative County.

Year.	Deaths.			Death rate per 1,000 of the population.		
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1947	36	7	43	0.36	0.07	0.43
1948	25	10	35	0.25	0.10	0.35
1949	26	7	33	0.25	0.07	0.32
1950	20	8	28	0.20	0.08	0.28
1951	24	6	30	0.24	0.06	0.30
1952	13	3	16	0.13	0.03	0.16
1953	12	1	13	0.12	0.01	0.13
1954	16	2	18	0.16	0.02	0.18
1955	7	3	10	0.07	0.03	0.10
1956	6	Nil	6	0.06	—	0.06

the diagnosis. The examination of contacts has been rigorously performed and all suitable child contacts have been offered B.C.G. vaccination."

B.C.G. Vaccination.—Thirty-five children were vaccinated during the year.

THE GUILLEBAUD REPORT.—The document is a very comprehensive one and this approach may not be without interest. The Guillebaud report, based on an enquiry into the cost of the National Health Service, ushered in the year under review. There had indeed been an air of expectancy and speculation during the three years of study and consultation.

Dealing with future trends and expenditure, some of the factors considered were the hospital development programme, fluctuations in the level of wages and prices, changes in medical techniques and in the incidence of disease and accidents, the variation of population and other social factors. Each problem complex and intricate, liable to change because of the impact of the unexpected.

There has been criticism of the service, based as it is on a three-fold partnership. The observation is made that it would be premature at the present time to propose any fundamental change in the structure. A strong plea is made for a period of stability over the next few years, in order that all the various authorities and representative bodies can think and plan ahead. How true the remark is that the efficiency of the Service depends in large measure on the degree of co-operation between the three partners. The conclusion is reached that no sufficiently strong case has been made out for transferring either the hospital service or the Executive Council Services to the Local Health Authorities, nor for transferring the Executive Council Services to the Regional Hospital Board. There are two reservations in the report, one giving much detailed thought to the possibilities of re-organisation. Quoting freely "to attempt under present conditions such a radical re-organisation is inadvisable." "Whether at some future date it may be found expedient to resort to the earlier conception of a unified health service organised on Local Government lines, time alone can show."

The League of Friends are congratulated on the invaluable work carried out at hospitals; voluntary endeavours are helping to maintain the vital link between local communities and their hospitals. There is still much scope in the mental hospitals and chronic sick hospitals where the needs of patients are great but not always so widely appreciated. In this connection, members of the County Council will be interested to know that efforts are being made to promote a League of Friends to foster the interests of patients at Fleet Road Hospital. This is a hospital for mental

defectives where in many instances the patients have outlived their relatives. Personal service is required rather than financial assistance. The birthday card, greetings at Christmas time, in other words a scheme comparable to the one operating so successfully at the Sunnholme Home for the Blind.

On the subject of Executive Councils we are informed that there has been general agreement among the witnesses that the Executive Councils have functioned well since the Appointed Day and that no radical changes are required in their membership or their organisation. Certainly within one's own experience and within the experience of members of the Health Committee, membership of the Holland (Lincs.) Executive Council reveals the smooth working of a complex service. Comment is made that the boundaries of Executive Council areas should generally be co-terminous with those of the Local Health Authorities, so as to strengthen the link between the general practitioner and domiciliary health services. Those with a mathematical turn of mind will be interested to relate forty-three and a half million names on doctors' lists in January, 1956, to two hundred and twenty-six million prescriptions dispensed in 1955. 55% of all prescriptions are fully priced and the advantages likely to be gained from full pricing would not be worth the cost involved. The cost in the County of Holland is almost the lowest in the country. The impact of antibiotics has made a substantial increase in the cost of prescribing.

An extract from the Cohen Committee on General Practice makes the observation that in general the advent of the National Health Service has not disturbed the relationship between doctors and their patients; the publication of Prescribers' notes have contributed to make doctors more cost conscious. The cost of pharmaceutical products was investigated, the subject being found to be one of great complexity and difficulty. Representatives of the industry pointed out the need for expansion of the export trade; capital developments, supplying the Service with pharmaceutical requirements and the need to finance research. Members of the Health Committee will appreciate that the vaccines against Whooping Cough and Poliomyelitis are the end result of research in laboratories of the industry. Detailed attention is given in the report to the closer integration of the general medical services and hospital services. There are seven recommendations, the final one being "the general hospital should be established as a centre of medical endeavour where the general practitioners in the area have acknowledged right of entry and where they can meet their hospital colleagues on terms of equality."

The paragraph devoted, I cannot think that "devoted" is the correct word to the General Dental Services, are paragraphs of gloom, dental disease, words of caution, and the man-power

shortage. The annual intake to the Dental Schools falls, perhaps the University Grant system should be radically reviewed, to attract worth while recruits. Candidates are drawn from the Grammar Schools and it is hoped that Head Teachers are alive to the national need, a dire need for dental students.

The report strongly favours the proposal put forward by the British Dental Association that the dental treatment charge should be refunded to patients who have received comprehensive treatment, been made dentally fit, and have sought treatment within a specified period of time. People who are prepared to keep themselves dentally fit could contract into a free service.

Dental health education is stressed and rightly so and we are reminded that the health visitors see the expectant mother at the time when she is in the most receptive frame of mind, and should be able to do a great deal to capture the mother's interest in the care of her own and her children's teeth. Judging by the number of pre-school children attending dental clinics, the above dictum is based on hope and as this extract began in gloom, it is expedient to pass to brighter matters, namely, the ophthalmic service. No reluctance here-about four million pairs of glasses are paid for during a year. It is correct for opticians to send reminders to their patients and by agreement certain conditions need to be fulfilled before any reminder is sent.

Preventive health is dealt with, emphasising the home where much can be done. Full appreciation is made of health measures which lie outside the National Health Service, good housing, school meals and free milk for children. Another kind of preventive medicine is the prevention of the progress of a disease. This is largely a matter of early diagnosis and early treatment and is the primary concern of the General Practitioner. There is also the question of preventing lasting disability, covering the whole field of physical and mental rehabilitation to the highest possible level, followed by retraining for employment if necessary and the provision of suitable work. Again there is the prevention of the occurrence of disease or injury, by immunisation, health education, the health visitor, and her domiciliary preventive work. The role of the domiciliary teams is discussed and the opinion expressed that much remains to be done to increase the understanding of parents and families in matters of prevention of disease and of mental illness, the spread of infection, accidents in the home, early recognition of disease and the need for prompt medical attention.

What is needed is a greater interest in a very important aspect of social medicine, bringing the family into the ambit of statutory or voluntary services outside the scope of the National Health

Service. Increasingly it is in the home, the family and the everyday way of life, where basic deficiencies should be sought leading to ill-health and particularly to mental ill-health, the feckless mother who is unable to care properly for her children and has no idea of the services which are available to help her. The aim should be an efficient and integrated medico-social service, to prevent illness, to ease the burden on general and mental hospitals by preventing the need for admission of some patients to hospital and by facilitating the early discharge of others.

The Maternity Services are based on the three-fold partnership, the Royal College of Obstetricians and Gynaecologists recommended the appointment of a statutory authority at Regional level with executive powers to administer all the obstetric services. There are other recommendations in respect of the work of the general practitioner obstetrician and that all midwives should come under one employing authority and be subject to the same range of terms and conditions of service. Locally, the Appointments Sub-Committee have experienced the oddest anomaly; a domiciliary midwife has accepted a post, transferring from the hospital service, and in accepting has now a lower salary. This anomaly should be rectified at national level.

In the County much has been achieved through the Obstetric Advisory Committee to integrate the midwifery services. The suggestion is made, and is now in effect, that an appropriate body should review the whole of the field to find out precisely what services, medical and educational, are needed for mothers and young children, and how they can best be provided through the framework of the National Health Service.

The care of the aged is linked up with the dictum "they can continue to be happy and useful members of the community in touch with their relatives and neighbours." This is a matter of providing the right type of housing and adequate domiciliary services, working in close association with the general practitioner, the hospital geriatric services and the voluntary organisations. The development of the domiciliary services for this purpose will be a genuine economy measure and also a humanitarian measure in enabling old people to lead the sort of life they would much prefer.

The final comment of the Committee is that no major change is needed in the general administrative structure of the National Health Service, no opportunity was found for making recommendations which would either produce new sources of income or reduce in a substantial degree the annual cost of the service. The conclusion is reached that the Service's record of performance since the Appointed Day has been one of real achievement.

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

The County Council have power under Section 29 of the Act to provide domiciliary services for the welfare of :—

- (a) the blind.
- (b) the deaf or dumb.
- (c) persons suffering from other physical handicaps.

The following information has been taken from reports kindly supplied by the County Welfare Officer and by the Secretary of the Boston and Holland Blind Society.

A scheme for the blind and partially-sighted was made in 1949, and, under this, the Boston and Holland Blind Society acts as agent for the County Council in matters of welfare for the blind.

This was followed early in 1956 by schemes for the provision of welfare services for handicapped people in respect of—

- (a) persons who are deaf and dumb.
- (b) handicapped persons other than the blind, the partially-sighted and the deaf and dumb.

It is hoped to commence a lip-reading class for members of the hard-of-hearing club in Boston during 1957 under arrangements made by the County Welfare Officer and County Education Officer.

WELFARE OF THE BLIND.—I am indebted to Miss H. A. Baron, Secretary of the Boston and Holland Blind Society, for the following information which will be of interest to members of the Health Committee.

On the 31st December, 1956, there were 182 cases on the register, which is the same as in the previous year. There were twenty-four new cases, eleven males and thirteen females. With three exceptions, namely, a baby girl and a boy, and a youth transferred from the partially sighted register, the new cases were over thirty years of age, and sixteen of them over seventy years of age. There were four outward transfers, four inward transfers, and twenty-one deaths. Two decertifications were due to successful cataract operations. Forty-six cases have other defects in addition to blindness.

The following table shows the classification of cases into age periods and the age at which blindness occurred.

TABLE I.

Present Age Periods.			
Age.	Males	Females.	Total
0—1	—	—	—
1—2	—	—	—
2—3	—	1	1
3—4	—	—	—
4—5	—	1	1
5—10	—	1	1
11—15	—	—	—
16—20	3	—	3
21—30	6	1	7
31—39	7	5	12
40—49	4	4	8
50—59	6	8	14
60—64	3	4	7
65—69	11	4	15
70 and over	40	72	112
	—	—	—
	81	101	182
	—	—	—

TABLE II.

Age at which Blindness occurred.			
Age.	Males.	Females.	Total
0—1	11	8	19
1—2	—	2	2
2—3	1	—	1
3—4	—	—	—
4—5	1	1	2
5—10	1	1	2
11—15	1	2	3
16—20	2	1	3
21—30	5	4	9
31—39	5	6	11
40—49	10	5	15
50—59	6	6	12
60—64	2	3	5
65—69	6	8	14
70 and over	30	54	84
	—	—	—
	81	101	182
	—	—	—

The above statistics are of interest because they show that 75% of the total were over sixty years of age. A comparison of the two tables shows the progress made by the different health services, the incidence of blindness in young people being greatly reduced.

The Secretary and the Home Teacher paid 4,190 home visits during the year. There are now eight home workers under the supervision scheme of the Royal Midland Institution for the Blind, Nottingham, which gives them the advantage of skilled supervision and advice, also materials at wholesale prices. They receive augmentation of earnings and other benefits, such as paid holidays.

Pastime occupations such as knitting, rug-making, chair-caning, basketry, stool seating etc., and, when possible, Braille or Moon reading is taught.

The necessitous blind receive domiciliary assistance in a higher scale under the National Assistance Act.

Grants from the Society's voluntary funds are given towards the maintenance and repair of wireless sets which is a great boon. Many have sets provided through the Wireless for the Blind Fund.

Sunniholme, which is a Home and Hostel for blind women, is the property of the Voluntary Society, and can take sixteen persons. It is intended for permanent residents, but is also used by others at times for short-stay holidays. Thanks to a legacy allocated by the Mayor of Boston to provide a new home for the blind, it is hoped to transfer the home and hostel in due course to more suitable and commodious premises.

PARTIALLY-SIGHTED REGISTER.—This register contains the names of forty-nine persons, nineteen males and thirty females. It covers those who suffer from defective vision of a substantial and permanently handicapping character. All must be examined and certified by an ophthalmic surgeon, the hope being that the sight of many may be saved from further deterioration. The register was made up as follows :—

Class A (Prospective blind persons)	...	...	...	34
Class B (Industrially handicapped persons)	...	...	...	5
Class C (Requiring observation)	...	...	...	7
Class D (Children)	...	...	...	3

HOLLAND OLD PEOPLE'S WELFARE COMMITTEE.—This is a Committee administered by the Lindsey and Holland Rural Community Council with the object of building up a well-informed organisation concerned with the care of old people. At the end of the year, seventeen local committees were working in Boston, Cowbit, Donington, Frampton, Gedney, Holbeach, Kirton, Moulton, Pinchbeck, Spalding, Sutton Bridge, Surfleet, Swineshead, Weston Hills, Wigtoft, Whaplode and Wrangle.

A meals on wheels service is administered in Boston twice a week through the Women's Voluntary Services for the most necessitous old people, and is much appreciated.

The chiropody service in Boston, for which there is a long waiting list, is progressing well and two sessions are held each week.

At Holbeach there is a chiropody session once fortnightly. Here again there is a long waiting list. At Moulton similar progress is reported. There is a monthly session. The same applies to Pinchbeck.

At Spalding the chiropody service is giving much satisfaction, and there seems little doubt that these facilities will be extended gradually to most parts of the County.

Schemes of grouped bungalows for old people have been approved or proposed as follows :—

Boston Corporation.—At Dudley Close.

Spalding Rural District.—At Alderland's Close, Crowland, and at Quadring and Pinchbeck.

East Elloe Rural District.—On Stukeley Hall estate.

There is also a recommendation that the County Council shall build a new Old People's Home to replace St. John's Home, Boston. At the moment efforts are being made to find a suitable site.

THE HOLLAND COUNTY ASSOCIATION FOR THE WELFARE OF THE PHYSICALLY HANDICAPPED.—Following the departure of the organiser loaned by the Central Council, the Executive Committee appointed a paid organiser with office accommodation in St. John's House, Boston.

There are now three district committees, namely, at Boston, Holbeach and Spalding.

The number of cases on the register at the end of the year was four hundred and twenty.

Handicrafts are regarded as an essential part of this service, and it is proposed to appoint a full-time craft teacher. There are about ninety cases who would be suitable for this training.

GENERAL REGISTER.—A register is kept by the County Welfare Department of handicapped persons (other than the blind and partially-sighted). At the close of the year 1956, the position was as follows :—

Hard of hearing	27
Deaf or dumb	54
Physically or mentally handicapped	339

RESIDENTIAL ACCOMMODATION.—The following statement shows the number of residents in Welfare Homes on 31st December, 1956.

	Men.	Women.	Total.
St. John's Home, Boston	50	—	50
Frampton House, nr. Boston	3	38	41
Bank House, Gosberton	6	13	19
Stukeley Hall, Holbeach	22	22	44
Seagate Hall, Long Sutton	13	16	29
Adderley House, Long Sutton	10	17	27
Pinchbeck Road Hospital, Spalding	40	12	52
*Holbeach Drove Hostel	4	3	7
Voluntary Organisations	4	10	14
	<hr/> 152	<hr/> 131	<hr/> 283

*In addition there were 3 men, 4 women and 6 children temporarily accommodated at Holbeach Drove Hostel.

The residents could be sub-divided as follows :—

	Men.	Women.	Total.
Aged but not materially handicapped ...	70	26	96
Aged—physically or mentally infirm ...	42	60	102
Blind	4	9	13
Deaf and dumb	2	3	5
Epileptic	5	7	12
Crippled	9	6	15
Physically infirm (not being aged) ...	8	8	16
Mentally infirm (not being aged) ...	12	12	24
	<hr/> 152	<hr/> 131	<hr/> 283

